

Case Number:	CM14-0123994		
Date Assigned:	08/08/2014	Date of Injury:	03/30/1992
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has not been evaluated for issues involving the spine, hip, and/or shoulder. In this case, however, the applicant's primary pain generators are, in fact, the lumbar spine and shoulder, body parts for which topical Voltaren has not been evaluated. In this case, it is further noted that the applicant has been using the topical Voltaren gel in question, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren. The applicant is off of work, on total temporary disability, and continues to remain highly dependent on a variety of oral and topical medications, all of which, taken together, suggests that ongoing usage of Voltaren gel has not been successful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac has not been evaluated for issues involving the spine, hip, and/or shoulder. In this case, however, the applicant's primary pain generators are, in fact, the lumbar spine and shoulder, body parts for which topical Voltaren has not been evaluated. In this case, it is further noted that the applicant has been using the topical Voltaren gel in question, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren. The applicant is off of work, on total temporary disability, and continues to remain highly dependent on a variety of oral and topical medications, all of which, taken together, suggests that ongoing usage of Voltaren gel has not been successful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar& Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there was no evidence that the applicant was actively considering any surgical intervention involving the lumbar spine on or around the date in question. The fact that the attending provider was concurrently pursuing cervical, thoracic, and lumbar MRIs, implies that these MRIs were being sought for evaluative purposes with no intention of acting on the results of the same. Therefore, the request is not medically necessary.