MAXIMUS Federal Services

Case Number:	CM14-0141200		
Date Assigned:	09/10/2014	Date of Injury:	07/24/2012
Decision Date:	10/31/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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:

There were 217 pages provided for this review. The application for independent medical review was signed on August 27, 2014. The diagnosis was a neck sprain and strain. Per the records provided, the claimant was a 25-year-old who was injured on July 24, 2012. There was still constant low back pain. The cervical pain was rated seven out of 10. The thoracic pain was six out of 10. The lumbar pain was also six out of 10. The claimant had numbness and tingling of the upper and lower extremities. There was increased pain with prolonged sitting. Kemp test is positive bilaterally. Straight leg raises reportedly were positive bilaterally and there was paraspinal tenderness. Impingement was noted with range of motion. There was previous hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared, electro-acupuncture 15 minutes and Capsaicin Patch, shoulder/arm, neck, thoracic, lumbar Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This however was a request for 12 sessions in combination with capsaicin and other untested combinations. The 12 sessions were appropriately non-certified under the MTUS Acupuncture criteria.Regarding the Capsaicin in addition to the acupuncture, CA MTUS note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. The use of capsaicin coupled with acupuncture does not have large scale peer reviewed studies. With these considerations, medical necessity for requested Infrared, electro-acupuncture 15 minutes and Capsaicin Patch, shoulder/arm, neck, thoracic, lumbar Quantity: 12 is not established.

Orthopedic initial consultation, shoulder/arm, neck, thoracic, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the request is for the orthopedist. No surgical lesions are noted. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request for initial consultation with Orthopedic is not medically necessary.

Follow-up low complexity and follow-up mod complexity with neuro spine follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits

Decision rationale: Regarding follow up office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The request for follow-up low complexity and follow-up mod complexity with neuro spine follow-up is not medically necessary.

Med Legal Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: As shared previously, ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The legal assessment however would add no medical benefit, and so the combination of both a medical and a legal assessment would not be medically necessary. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request for Med Legal Evaluation is not medically necessary.

Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing via Chromatography, the MTUS notes in the Chronic Pain section:Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse,

inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request for Chromatography is not medically necessary.

Menthoderm 360gm (methyl Salicylate 15%/Menthol 10%) Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

Decision rationale: Menthoderm is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004).This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request for Menthoderm 360gm (methyl Salicylate 15%/Menthol 10%) Gel is not medically necessary.