

Case Number:	CM14-0149081		
Date Assigned:	09/18/2014	Date of Injury:	05/01/2008
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old female with a date of injury of 05/01/2008. The listed diagnoses per [REDACTED] are: 1. Cervical spine sprain/strain. 2. Right shoulder sprain. 3. Right knee chondromalacia. 4. Lumbar spine sprain/strain with 3- to 4-mm disk bulge. 5. Right wrist CTS. According to progress report 08/05/2014, the patient presents with worsening of low back pain that radiates into the bilateral lower extremities. Patient also complains of bilateral knee pain and cervical pain with radiating burning sensation to the bilateral upper extremities. Examination revealed painful decreased range of motion and tenderness in the cervical and lumbar spine. Cervical provocative testing caused numbness and tingling in the bilateral hands along the C6 and C7 nerve root distribution. Straight leg raise caused numbness and tingling along the bilateral L5 and S1 nerve root distribution. Cervical x-rays revealed lordotic curve, C4 to C5 reversal of curve and C5 to C6 spondylosis. X-ray of the lumbar spine revealed facet arthropathy at L4-L5 and L5 to S1, decreased disk space at L4 to L5 and L5 to S1 and vacuum phenomena at L5 to S1. The request is for salsalate 500 mg #60, Dendracin lotion 120 mL, 8 chiropractic visits, MRI of the lumbar spine, MRI of the cervical spine, and 1 pain management consult. Utilization review denied the request on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Salsalate 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflamm.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting salsalate 500 mg #60. Salsalate is a non-steroidal anti-inflammatory drug (NSAID). For anti-inflammatory medications, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 22 has the following, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." In this case, medical records indicate the patient has been prescribed NSAID since 02/20/2014. The treater does not provide any discussion regarding decrease in pain or functional changes with taking NSAID. California MTUS page 60 requires functional changes and pain assessment when medications are used for chronic pain. Given lack of such documentation, recommendation is not medically necessary and appropriate.

1 Prescription Dendracin lotion 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The California Chronic Pain Medical Treatment Guidelines, Official Disabilities Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting Dendracin lotion 120 mL. Dendracin lotion is a compound topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. The California Medical Treatment Utilization Schedule (MTUS) Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For topical non-steroidal anti-inflammatory drug (NSAIDs), in this case salicylate, recommendation is for peripheral joint arthritis and tendinitis pain. In this case, the patient does not meet the indications for this medication. Recommendation is not medically necessary and appropriate.

8 Chiropractic visits for lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting 8 chiropractic visits. For manual therapy, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, it is unclear as to when and how many chiropractic treatments were received thus far. It is clear the patient has participated in prior treatment as the request is for "additional chiropractic care." In this case, the treater is requesting additional treatment without documentation or discussion of functional improvement. Labor Code 9792.20(e) defines functional improvement as significant improvement in ADLs, a reduction in work restrictions, and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, recommendation is not medically necessary and appropriate.

1 Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting an MRI of the lumbar spine. For special diagnostics, American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Review of the medical file indicates the patient underwent a magnetic resonance imaging (MRI) of the lumbar spine on 08/01/2008 which reveals at L5 to S1 level, diffuse bulging with right intraforaminal focal protrusion component up to 3 to 4 mm producing upper deviation and slight impression on the under surface of the right L5 foraminal nerve root sleeve. In this case, the patient had an MRI already. There is no new injury, red flags, progressive neurologic deficit or significant change in symptoms to warrant a new MRI. Recommendation is not medically necessary and appropriate.

1 Cervical MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a cervical magnetic resonance imaging (MRI). Utilization review denied the request stating that "reporting showed no evidence of any progressive neurological deficits." ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. It does not appear that the patient has had a cervical spine MRI. In this case, the examination revealed neurological deficit and radiating symptoms. Treatment is medically necessary and appropriate.

1 Pain Management consult in consideration of cervical and lumbar TFESI: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections (ESIs) (MTUS pgs 46, 47)

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting a pain management consultation to consider cervical and lumbar transforaminal epidural steroid injection. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist 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 treater is concerned about the patient's continued pain with neurological deficits and positive x-ray findings. Treatment is medically necessary and appropriate.