

Case Number:	CM14-0167385		
Date Assigned:	10/14/2014	Date of Injury:	06/10/2014
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old female with a 6/10/14 date of injury. At the time (9/24/14) of request for authorization for pain cream and 6 additional PT visits for a total of 24, there is documentation of subjective (ongoing low back and tailbone pain) and objective (decreased lumbar extension, discomfort to palpation across the low back, discomfort over the sacrococcygeal region, and decreased patellar and ankle reflexes) findings, current diagnoses (left paracentral herniation at L4-5 and non-displaced sacrococcygeal fracture), and treatment to date (at least 18 sessions of physical therapy with improvement; and medications (including Ibuprofen and Flexeril)). Regarding pain cream, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed; and the specific medication being requested. Regarding 6 additional PT visits for a total of 24, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain cream: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, before the requested medication can be considered medically appropriate, it is reasonable to require documentation of which specific medication is being requested and for which diagnoses/conditions the requested medication is indicated. Within the medical information available for review, there is documentation of diagnoses of left paracentral herniation at L4-5 and non-displaced sacrococcygeal fracture. However, despite documentation of ongoing pain, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of the specific medication being requested and for which diagnosis/condition(s) the requested medication is indicated. Therefore, based on guidelines and a review of the evidence, the request for pain cream is not medically necessary.

6 additional Physical Therapy visits for a total of 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar disc disorders not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left paracentral herniation at L4-5 and non-displaced sacrococcygeal fracture. In addition, there is documentation of previous physical therapy. However, given documentation of at least 18 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of improvement with previous physical therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 6 additional PT visits for a total of 24 is not medically necessary.