

Case Number:	CM14-0088707		
Date Assigned:	07/23/2014	Date of Injury:	06/11/2001
Decision Date:	09/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 records, presented for review, indicate that this 51-year-old individual was reportedly injured on June 11, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, positive straight leg raising, and laseque test to be negative. Diagnostic imaging studies were not presented for review. Previous treatment included lumbar decompression surgery, physical therapy, multiple medications, and pain management interventions. A request had been made for massage therapy, acupuncture, medication and laboratory workup and was not certified in the pre-authorization process on *May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message therapy two times a week for four weeks for the neck and lower back, quantity 8:
Upheld

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

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): 8 C.C.R.

Decision rationale: As outlined in the MTUS, this can be recommended as an option with criterion. However, this should be limited to 4-6 visits in most cases. When noting the date of injury, the injury sustained, and that the benefits of such intervention are supplementing to the time during the procedure, there is no medical necessity established for this procedure. The size is effective during acute postoperative pain and this is not applicable. Therefore, this is not medically necessary.

Acupuncture two times a week for four weeks for the neck and lower back, quantity 8:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 13 OF 127.

Decision rationale: As outlined in the MTUS, acupuncture is an option when pain medication is reduced or not tolerated. The progress notes, presented for review, indicate ongoing use of analgesic medications with no decrease in the amount. Therefore, the criterion outlined in the MTUS for acupuncture is not met and is not medically necessary.

Topical Xoten lotion 120ml, apply to affected area twice a day, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: This is a generic form of the product Medrox, which is a combination of methyl salicylate, menthol and capsaicin. The MTUS notes that topical analgesics are largely experimental as there have been few randomized controlled trials to demonstrate the efficacy. Topical analgesics are prone to be recommended for neuropathic pain, which does not appear to be the case based on the clinical records presented for review. Furthermore, there is no documentation of any efficacy or utility with this preparation. As such, the medical necessity cannot be established.

Topical Thermacare patches, no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar & Thoracic (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As outlined in the ACM guidelines, heat wraps and local applications are indicated in the acute phase of the injured. Therefore, when noting the date of injury, and the current physical examination, there is no clear clinical indication for the medical necessity of these patches. The request is not medically necessary.

Laboratory work up with RFT (renal function test) and LFT (liver function test): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter updated, August 2014.

Decision rationale: When noting the date of injury, the injury sustained, the surgical intervention completed and the findings noted on the current physical examination, there is no clinical indication presented for such laboratory data. The only medication is a combination of hydrocodone and acetaminophen (Tylenol #2) and there are no complaints or findings on physical examination to suggest kidney disorders or liver function disorders. There is no indication of acetaminophen overdose, and as noted above, there is no efficacy for the continued use of this preparation as there has not been any established improvement. Therefore, when noting that the MTUS and ACOEM guidelines do not address routine laboratory testing, and the parameters noted in the ODG were used, the medical necessity has not been established based on the progress notes presented for review.