

Case Number:	CM14-0214017		
Date Assigned:	12/31/2014	Date of Injury:	08/07/2008
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female with date of injury 08/07/08. The treating physician report dated 10/17/14 (12) indicates that the patient presents with pain affecting the neck and low back. The patient rates the pain at a 7-8/10 in the neck and 7/10 for the low back. Patient currently takes tramadol, naproxen, Motrin, and amoxicillin. Patient also attends water therapy, which is helping. The physical examination findings of the cervical spine reveal, painful ROM with chin-to-chest flexion to 30 degrees. Extension is 20 degrees. Rotation to the left and right is 35 degrees. The physical examination findings of the lumbar spine show tenderness, spasm and tightness. Motion is reduced with forward flexion at 25 degrees, extension at 10 degrees and lateral bending at 15 degrees bilaterally with pain. The current diagnoses are: 1.Right foot pain/plantar fasciitis/pain with retained hardware 2.Degenerative joint disease 3.Left leg injury 4.Two-level lumbar discopathy with intermittent bilateral radiculopathy and facet arthropathy 5.Obesity. The utilization review report dated 12/08/14 (30) denied the request for Acupuncture, Aqua therapy, Occupational Therapy, and Topical Analgesics based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right ankle and lumbar spine, 2 times a week for 4 weeks; 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with neck and back pain. The current request is for Acupuncture for the right ankle and lumbar spine, 2 times a week for 4 weeks; 8 sessions. The treating physician states the current request is, "in regards to future medical care." The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, there is no indication that the patient underwent acupuncture previously. The guidelines only allow 3-6 treatment initially. The current request is above the maximum allowed by the guidelines. Recommendation is for denial.

Aqua therapy; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with back and neck pain. The current request is for Aqua therapy 6 session. The treating physician indicates that, "she has started three sessions but she needs to complete her other care as well." The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, obesity has been documented as a diagnosis. MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request is not supported as the patient has previously approved for 6 aqua therapy treatments that she has begun, but not completed. The current request would go over the maximum amount allowed by the guidelines. Recommendation is for denial.

Occupational therapy, 2 times a week for 4 weeks; 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with neck and back pain. The current request is for Occupational therapy, 2 times a week for 4 weeks; 8 sessions. The treating physician does not discuss the request for occupational therapy, but the RFA dated 12/8/14 states, "Occupational

therapy 2x4 for the wrist." The MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports physical medicine 8-10 visits for myalgia and neuritis type conditions. The treating physician has not documented any rationale for OT treatment and the patient has already exceeded the MTUS guidelines for physical medicine. The current request is not medically necessary and the recommendation is for denial.

**Gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor cream
10/4/10/0.375/5/2% 240gm: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with neck and back pain. The current request is for Gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor cream 10/4/10/0.375/5/2% 240gm. The treating physician states that the current request is for, "inflammation." MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support cyclobenzaprine or gabapentin in topical products. The current request is not supported by the MTUS guidelines. Recommendation is for denial.