

Case Number:	CM14-0214299		
Date Assigned:	01/07/2015	Date of Injury:	02/15/2013
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
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

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 50 year old male with an injury date of 02/15/13. The 09/30/14 progress report by [REDACTED]. states that the patient presents with lumbar spine pain with intermittent numbness into the left leg that greatly increased 15 days previously while walking. He states lower back pain is unbearable. No examination findings are provided. The 08/22/14 report by [REDACTED]. states the patient present with left heel pain. Examination by [REDACTED] on 08/22/14 reveals no significant deficiencies. The patient's diagnoses include 1. Lumbar spine sprain/strain-Grade I spondylosis (10/12/14 report [REDACTED].)2. Right ankle sprain/strain secondary to lumbar spine s/s, leg weakness (10/12/14 report [REDACTED].)3. Bilateral Plantar Fasciitis/Fibromatosis (10/12/14 & 07/21/14 reports [REDACTED].)4. A 2-3 mm disc protrusion at L4-5 and 3mm disc protrusion at L2-3 and L3-4 (08/22/14 report [REDACTED].)The treater is requesting an ortho referral for lower back pain, is recommending home exercise for the bilateral feet including calf stretching and is requesting acupuncture and physical therapy for the feet. The patient had prior chiro and physical therapy X 24 and LESI 07/11/14 that helped but pain has increased. Medication is listed as Naproxen on 10/02/14. The utilization review is dated 12/05/14. Treatment reports are provided for review from 06/06/14 to 10/02/14. Most reports are handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - Two times a week for six weeks for bilateral feet: 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 lumbar spine pain with intermittent numbness into the left leg and left heel pain. The current request is for Acupuncture - Two times a week for six weeks for bilateral feet per the 10/02/14 report. The Request For Authorization is not included. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS page. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The reports provided state the patient received acupuncture X 24 sessions. However, it is unclear if this treatment was for the feet. The treater does not discuss the reason for this request or the results of past therapy. No acupuncture treatment reports were provided for review. If the requested treatment is for an initial course of treatment, guidelines allow a trial of up to 6 sessions with additional sessions if improvement is documented. However, this request is for 12 sessions. If this is for additional treatment, no documentation of functional improvement is provided. The request for Acupuncture is not medically necessary.

Physical Therapy Three times a week for four weeks for bilateral feet: 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 lumbar spine pain with intermittent numbness into the left leg and left heel pain. The current request is for Physical Therapy Three times a week for four weeks for bilateral feet per the 10/02/14 report. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The 10/02/14 report states the patient received prior physical therapy X 24; however, the treater does not state that this therapy was for the feet or whether it helped the patient. One physical therapy treatment report provided is dated 10/15/14 for treatment of sprain of the bilateral feet and is apparently part of the treatment requested. The reports note that the patient is encouraged to do home exercises for the feet. The reason the patient needs physical therapy at this time and why home exercise is not adequate is not explained. Furthermore, the requested 12 sessions exceed what is allowed by MTUS. The request for Physical Therapy is not medically necessary.

Naproxen Cream: Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain with intermittent numbness into the left leg and left heel pain. The current request is for Naproxen Cream per the 10/02/14 report. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety.' "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The treater does not explain the reason for this request or state the intended use of the medication. In this case, the patient is diagnosed with lower back pain, ankle pain that appears to be referred pain and Plantar Fasciitis and this medication is indicated for peripheral joint arthritis tendinitis. The request for Naproxen Cream is not medically necessary.