

<b>Case Number:</b>	CM15-0119195		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 injured worker is a 37-year-old male, who sustained an industrial injury on March 29, 2013. Treatment to date has included home MRI of the lumbar spine, exercise program, medications, work restrictions, lumbar epidural steroid injection, and topical ointment. Currently, the injured worker complains of severe low back pain with radiation of pain and weakness the left lower extremity. On physical examination, the injured worker had tenderness to palpation over the lumbar paraspinals and the sciatic notch. He had a positive straight leg raise test and his sensorimotor examination was intact. His lumbar spine range of motion was diminished and he had pain on extension and lateral flexion on the left. An MRI of the lumbar spine revealed disc protrusion and left neuro foraminal stenosis. An EMG revealed positive L5-S1 radiculopathy. The diagnoses associated with the request include lumbar spinal strain, left lumbar radiculopathy, and rule out disc herniation. The treatment plan includes continued Methoderm ointment for pain and inflammation, range of motion testing, functional capacity evaluation, P&S paperwork, and follow-up evaluation with pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Methoderm ointment 120gm: 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 Topical Analgesics, Salicylate topical Page(s): 111-113, 105.

**Decision rationale:** Based on the 06/17/15 progress report provided by treating physician, the patient presents with low back pain rated 9-10/10 that radiates down bilateral extremities, left greater than right. The request is for REFILL OF MENTHODERM OINTMENT 120GM. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes lumbar spine strain, left lumbar radiculopathy, and rule out disc herniation. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to the paraspinals and decreased range of motion in all planes. Lumbar flexion 40 degrees, extension 20 degrees, left lateral bending 2 degrees, and right lateral bending 20 degrees, positive straight leg raise test on the left. EMG per 06/17/15 report revealed "positive for L5-S1 radiculopathy." Treatment to date has included imaging and electro-diagnostic studies, lumbar ESI on 03/24/15, home exercise program, and medications. Patient's medications include Flexeril, Ibuprofen, Tramadol, Prilosec and Methoderm ointment. The patient may return to modified work, per 02/11/15 report. Treatment reports were provided from 02/11/15-06/17/15. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Methyl salicylate and menthol are recommended under MTUS Salicylate topical section, pg 105 in which Ben-Gay (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Methoderm gel has been included in patient's medications, per progress reports dated 02/11/15, 03/25/15 and 06/17/15. Treater has not provided medical rationale for the request. MTUS indicates Topical Salicylates for peripheral joint arthritis/tendinitis conditions. This patient presents with low back pain, for which this topical is not supported. MTUS clearly states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Functional capacity evaluation, P&S paperwork:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, pages 137-139.

**Decision rationale:** Based on the 06/17/15 progress report provided by treating physician, the patient presents with low back pain rated 9-10/10 that radiates down bilateral extremities, left greater than right. The request is for FUNCTIONAL CAPACITY EVALUATION, P&S PAPERWORK. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes lumbar spine strain, left lumbar radiculopathy, and rule out disc herniation. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to the paraspinals and decreased range of motion in all planes. Lumbar flexion 40 degrees, extension 20 degrees, left lateral bending 2 degrees, and right lateral bending 20 degrees. Positive straight leg raise test on the left. EMG per 06/17/15 report revealed "positive for L5-S1 radiculopathy." Treatment to date has included imaging and electro-diagnostic studies, lumbar ESI on 03/24/15, home exercise program, and medications. Patient's medications include Flexeril, Ibuprofen, Tramadol, Prilosec and Methoderm ointment. The patient may return to modified work, per 02/11/15 report. Treatment reports were provided from 02/11/15-06/17/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per 06/17/15 report, treater states "FCE, P&S paperwork," under treatment plan. The patient has undergone conservative treatment, but continues to have pain. In this case, there is no mention that this request for FCE is from the employer or claims administrator. ACOEM does not support FCE, as it does not adequately predict a person's ability to work. The treating physician's estimation is just as good. Although this patient is near P&S per treater, there is no indication that the FCE is crucial. Obtaining FCE is not going to add any additional information that the treater is not already able to assess. Therefore, the request is not medically necessary.

**Follow-up:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127.

**Decision rationale:** Based on the 06/17/15 progress report provided by treating physician, the patient presents with low back pain rated 9-10/10 that radiates down bilateral extremities, left greater than right. The request is for FOLLOW-UP. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes lumbar spine strain, left lumbar radiculopathy, and rule out disc herniation. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to the paraspinals and decreased range of motion in all planes. Lumbar flexion 40 degrees, extension 20 degrees, left lateral bending 2 degrees, and right lateral bending 20 degrees. Positive straight leg raise test on the left. EMG per 06/17/15 report revealed "positive for L5-S1 radiculopathy. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI on 03/24/15, home exercise program, and medications. Patient's medications include Flexeril, Ibuprofen, Tramadol, Prilosec and Methoderm ointment. The patient may return to

modified work, per 02/11/15 report. Treatment reports were provided from 02/11/15-06/17/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists 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. RFA dated 06/17/15 states "follow up 4-6 weeks," and "follow up with [REDACTED] spine surgeon." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's continued pain symptoms and diagnosis, the request for follow up would appear to be reasonable. However, there are 2 separate requests for follow up, and treater has not discussed the request. UR letter dated 05/22/15 indicates "follow up with [REDACTED] (unknown specialty)," which would be yet another follow up request. Guidelines require a clear rationale for follow up visits. Therefore, the request is not medically necessary.

**Range of motion testing:** 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 functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

**Decision rationale:** Based on the 06/17/15 progress report provided by treating physician, the patient presents with low back pain rated 9-10/10 that radiates down bilateral extremities, left greater than right. The request is for RANGE OF MOTION TESTING. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes lumbar spine strain, left lumbar radiculopathy, and rule out disc herniation. EMG per 06/17/15 report revealed "positive for L5-S1 radiculopathy." Treatment to date has included imaging and electro diagnostic studies, lumbar ESI on 03/24/15, home exercise program, and medications. Patient's medications include Flexeril, Ibuprofen, Tramadol, Prilosec and Menthoderm ointment. The patient may return to modified work, per 02/11/15 report. Treatment reports were provided from 02/11/15-06/17/15. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including Work function and/or activities of daily living, physical impairments, approach to self-care and education. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to the paraspinals and decreased range of motion in all planes. Lumbar flexion 40 degrees, extension 20 degrees, left lateral bending 2 degrees, and right lateral bending 20 degrees. Positive straight leg raise test on the left. In this case, treater has not provided medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request is not medically necessary.