

Case Number:	CM15-0026892		
Date Assigned:	02/19/2015	Date of Injury:	07/31/2009
Decision Date:	07/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who sustained an industrial injury on 7/31/2009 resulting in radiating low back pain which intensifies with movement. The injured worker is diagnosed with lumbar disc displacement without myelopathy, and lumbar degenerative disc disease. Treatment has included medication, physical therapy, a functional restoration program, home exercises, TENS unit, hot baths, and lumbar epidural steroid injections. He reports 50 to 60% pain reduction with medication, and some pain and functional relief from the other treatments, but continues to present with low back pain, decreased range of motion, and a decrease lower extremity sensation. The treating physician's plan of care includes 12 physical therapy visits and use of topical Capsaicin 0.075% cream three times a day. Provided documents do not state if he is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2009 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen, pain was rated at 6-7/10. There was an antalgic gait. There was decreased lumbar spine range of motion. There was decreased lower extremity sensation with positive left straight leg raising. Medications were providing partial improvement in pain of 50-60%. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was warranted. The request was not medically necessary.

Topical Capsaicin 0.075% Cream: Overturned

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 Page(s): 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2009 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen, pain was rated at 6-7/10. There was an antalgic gait. There was decreased lumbar spine range of motion. There was decreased lower extremity sensation with positive left straight leg raising. Medications were providing partial improvement in pain of 50-60%. Capsaicin provides an analgesic effect which may be due to interference with transmission of pain signals through nerves and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has localized pain affecting the lumbar spine amenable to topical treatment with only a partial response to the treatments being provided. The requested medication was medically necessary.