

<b>Case Number:</b>	CM15-0028362		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Arizona  
 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 45-year-old female who reported an injury on 07/23/2014. The mechanism of injury was due to being rear ended by another vehicle. Her diagnoses include sprain of the neck. An Anatomical Impairment Measurements reading, performed on 12/23/2014, revealed the injured worker had normal vertebral body but no fractures, normal posterior element with no fractures, normal vertebral body with no fusion, and no evidence of corticospinal tract or cauda equina. The injured worker's range of motion assessment revealed normal range of motion and no disc herniation was ratable. A request was received for flurbiprofen 20%, baclofen 10%, dexamethasone 2%, Qty: 1, urine toxicology, MRI of the lumbar spine, Functional Capacity Evaluation, physical therapy for the lower back Qty: 12, acupuncture to the lower back area Qty: 12, MSU, heat/cold pack, and a home exercise kit. A rationale was not provided. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The compound contains topical NSAIDs, which are indicated for osteoarthritis for use of 4 to 12 weeks. The guidelines indicate that efficacy appears to diminish over time. Furthermore, the guidelines state that there is little evidence of utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In addition, the compound contains muscle relaxants, which are not supported in the use of topical formulations. The guidelines further indicate that any ingredient in a compound formulation that is not recommended results in the medication as a whole not being recommended. The injured worker was noted to have chronic back pain. However, there was lack of documentation indicating the injured worker has failed a first line trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation indicating the injured worker has osteoarthritis. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Urine Toxicology Page(s): 43, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The California MTUS Guidelines indicate that urine toxicology is recommended to assess for and identify the presence or use of illegal drugs. The injured worker was noted to have chronic back pain. There was lack of documentation in regard to medication use. Furthermore, there was lack of documentation indicating the injured worker was using or had the presence of illegal drugs in their system or behavior. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for a urine toxicology screening is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, there should be unequivocal objective findings identifying specific nerve compromise on neurologic examination to warrant imaging studies in patients who do not respond to treatment and who would consider

surgery an option. The injured worker was noted to have chronic back pain. However, there was lack of documentation in regard to objective clinical examination findings or indication the injured worker considered surgery an option. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 132-139.  
Decision based on Non-MTUS Citation Official Disability Guidelines, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 132-139.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, Functional Capacity Evaluations may be ordered by the treating physician if they feel the information from such testing is crucial. FCEs may establish physical abilities and facilitate their return to work for patients. They are also recommended prior to entering into a work hardening or conditioning program with preference for assessments tailored to a specific task or job. The injured worker was noted to have chronic back pain. However, there is lack of documentation the injured worker was entering into a Work Hardening Program or documentation indicating the use of a FCE for testing was crucial or indicated. Furthermore, there was lack of documentation that there was prior unsuccessful return to work attempts and that the injured worker is close to maximum medical improvement. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Physical Therapy for the Lower Back QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**Decision rationale:** According to the California MTUS Guidelines, physical medicine is recommended for patients with neuralgia, neuritis, radiculitis, and that frequency should be tapered and transitioned to a self directed home exercise program. The guidelines also indicate that treatment for myalgia and myositis is allotted 9 to 10 physical therapy visits over 8 weeks. The injured worker was noted to have chronic low back pain. However, there was lack of objective functional deficits upon physical examination for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Acupuncture to the Lower Back Area QTY: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, acupuncture may be performed 1 to 3 times per week with optimal duration of 1 to 2 months. The guidelines also state that acupuncture treatments may be extended if functional improvement is documented upon reassessment. The injured worker was noted to have chronic low back pain. However, there was lack of documentation in regard to the medical necessity for the use of acupuncture. There was also lack of documentation of functional deficits upon physical examination for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**MSU:** 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 Drug testing Page(s): 43.

**Decision rationale:** MSU is not a commonly used medical abbreviation. However, midstream urine samples would follow under the guidelines of drug testing. The California MTUS Guidelines indicate that urine toxicology is recommended to assess for and identify the presence or use of illegal drugs. The injured worker was noted to have chronic back pain. There was lack of documentation in regard to medication use. Furthermore, there was lack of documentation indicating the injured worker was using or had the presence of illegal drugs in their system or behavior. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for MSU is not medically necessary.

**Heat/Cold Pack:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend at home applications of heat or cold. However, there is no objective findings documented negating medical necessity for heat or cold therapy. The injured worker was noted to have chronic low back pain. However, there was lack of objective physical examination findings to warrant functional limitations for the use of heat or cold pack applications. There was also lack of objective functional deficits upon physical examination for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Home Exercise Kit:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that home exercise kits are indicated for exercise programs, including overall conditioning and strengthening. The injured worker was noted to have chronic back pain. However, there was lack of sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program. The injured worker as noted to have chronic low back pain. However, there was lack of documentation indicating the medical necessity for specialized equipment and that a home exercise program could not be performed without a home exercise kit. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.