

Case Number:	CM15-0072659		
Date Assigned:	05/20/2015	Date of Injury:	02/04/2014
Decision Date:	07/09/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This 40 year old man sustained an industrial injury on 2/4/2014 to the low back after pulling a tree chipping machine. Diagnoses include lumbar spine intervertebral disc syndrome with radiculopathy. Treatment has included oral medications. Physician notes dated 1/21/2015 show complaints of low back pain rated 9/10. Recommendations include lumbar spine MRI, extracorporeal shockwave therapy, electromyogram/nerve conduction studies, physical therapy, functional capacity evaluation, acupuncture, neurodiagnostic testing, TENS unit, lumbar brace, and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 02/04/14 and presents with low back pain with radiation down the left leg. The request is for an INITIAL FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 03/06/15 and the patient is on modified work duty. The report with the request is not provided, nor is there any discussion provided regarding this request. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The patient has a decreased lumbar spine range of motion, a positive sciatic notch, and evidence of stenosis at the L4-5 and L5-S1 junction. He is diagnosed with lumbar spine intervertebral disc syndrome with radiculopathy. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCE's predict the patient's actual capacity to work. Therefore, the requested functional capacity evaluation IS NOT medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 02/04/14 and presents with low back pain with radiation down the left leg. The request is for 1 URINE DRUG SCREEN. The RFA is dated 03/06/15 and the patient is on modified work duty. The report with the request is not provided, nor is there any discussion provided regarding this request. The patient had prior urine drug screens conducted on 10/31/14, 11/24/14, and 12/02/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is diagnosed with lumbar spine intervertebral disc syndrome with radiculopathy. The reason for the request is not provided. The most recent report dated 02/10/15 does not indicate what medications the patient is prescribed. There is no current list of medications provided. The results of the most recent urine drug screen dated 12/02/14 are not clear. The treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for

any aberrant behaviors. Therefore, the request for another urine drug screen IS NOT medically necessary.

Unknown prescription of Cyclo/Tramadol cream: Upheld

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

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

Decision rationale: The patient was injured on 02/04/14 and presents with low back pain with radiation down the left leg. The request is for an UNKNOWN PRESCRIPTION OF CYCLO/TRAMADOL CREAM. The RFA is dated 03/06/15 and the patient is on modified work duty. The report with the request is not provided, nor is there any discussion provided regarding this request. 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. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. There is no support for tramadol as a topical compound. There is lack of evidence that topical tramadol can help chronic pain. The patient is diagnosed with lumbar spine intervertebral disc syndrome with radiculopathy. In this case, the report with the request is not provided, nor is there any discussion regarding this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine and Tramadol, neither of which are indicated for use as a topical formulation. Therefore, the requested Cyclo/Tramadol cream IS NOT medically necessary.

12 physical therapy sessions to the lumbar spine: Upheld

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

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

Decision rationale: The patient was injured on 02/04/14 and presents with low back pain with radiation down the left leg. The request is for 12 PHYSICAL THERAPY SESSIONS TO THE LUMBAR SPINE. The RFA is dated 03/06/15 and the patient is on modified work duty. The report with the request is not provided, nor is there any discussion provided regarding this request. Review of the reports provided indicates that the patient has had 24 sessions of physical therapy from 07/26/14 to 12/01/14. MTUS pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical

Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The patient has a decreased lumbar spine range of motion, a positive sciatic notch, and evidence of stenosis at the L4-5 and L5-S1 junction. He is diagnosed with lumbar spine intervertebral disc syndrome with radiculopathy. The reason for the request is not provided. There is no indication of any recent surgery the patient may have had. The patient has had 24 prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 12 sessions of therapy to the 24 sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.

12 acupuncture sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient was injured on 02/04/14 and presents with low back pain with radiation down the left leg. The request is for 12 ACUPUNCTURE SESSIONS TO THE LUMBAR SPINE. The RFA is dated 03/06/15 and the patient is on modified work duty. The report with the request is not provided, nor is there any discussion provided regarding this request. Review of the reports provided indicates that the patient has had at least 13 sessions of acupuncture from 07/26/14 to 12/01/14. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e). A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient has a decreased lumbar spine range of motion, a positive sciatic notch, and evidence of stenosis at the L4-5 and L5-S1 junction. He is diagnosed with lumbar spine intervertebral disc syndrome with radiculopathy. The reason for the request is not provided. There is no indication of any recent surgery the patient may have had. The patient has had 13 prior acupuncture sessions; however, there is no indication of how these sessions impacted the patient's pain and function. Due to lack of documentation of improvement, the requested 12 acupuncture sessions IS NOT medically necessary.