

Case Number:	CM15-0074615		
Date Assigned:	04/24/2015	Date of Injury:	06/27/2014
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial/work injury on 6/27/14. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar disc disease with L4 compression fracture, sciatica, and scoliosis. Treatment to date has included medication, diagnostics, and modified duties. MRI results were reported on 10/16/14. Currently, the injured worker complains of persistent low back pain, rated 6/10. Per the primary physician's progress report (PR-2) on 3/23/15, a walker was used to mobilize. Examination revealed tenderness in the right lower lumbosacral spine, limited range of motion with bending and twisting, and slow wide based gait. The requested treatments include Physical Therapy Low Back (12 Visits) and Terocin Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Low Back (Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: CA MTUS recommends the use of physical therapy for back pain complaints with recommendation against prolonged manipulation (greater than 4 weeks). ODG guidelines for physical therapy are for 10 visits over 8 weeks for intervertebral disc disorders and no more than two visits after steroid injection of the back to emphasize home exercise program. The request in this case was for 12 visits which exceeds the recommended length of therapy. Physical therapy for 12 visits for low back is not medically indicated.

Terocin Patches Dispensed Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Terocin patches contain menthol and lidocaine. Although Lidocaine in patch formulation is an approved agent, menthol is not a recommended topical analgesic. As such, Terocin patches are not medically necessary and the original UR decision is upheld.