

Case Number:	CM17-0006634		
Date Assigned:	01/13/2017	Date of Injury:	10/18/2016
Decision Date:	02/14/2017	UR Denial Date:	12/20/2016
Priority:	Standard	Application Received:	01/10/2017

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: Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 case involves a now 31-year-old male with history of an outpatient claim from 10/18/2016. Mechanism of injury is detailed as occurring when the patient lifted a gas tank. The current diagnoses are documented as lumbar sprain/strain and cervical sprain/strain. Past treatment includes physical therapy. The first report of occupational injury or illness from 11/21/2016 indicates patient had complaints of neck and low back pain. Range of motion to the cervical spine is flexion 40°, extension 55°, right rotation 80°, left rotation 75° with pain and left-sided tenderness to palpation. The lumbar spine had flexion 80°, extension 40°, bilateral rotation with pain. There was distal to midline tenderness palpation. The treatment plan was for the patient to receive an MRI of the cervical spine, lumbar spine. The patient was to receive an FCE, physical therapy, acupuncture, TENS unit, lumbar spine support and topical cream. The request for authorization was signed on 11/21/2016. The requested FCE was previously denied as there was no indication the patient was undergoing a work hardening program there was no indication that the patient had prior unsuccessful return to work attempts. The patient was not close to or at maximal medical improvement. The MRIs were denied as there was no evidence of any neurological dysfunction on examination. The requested physical therapy was modified as an initial set of visits is recommended. The requested echo puncture was denied as patient has not failed physical therapy. The requested TENS unit was denied as there is no indication the patient failed all conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The ACOEM guidelines note that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. This can best be done by ordering a functional capacity evaluation. The Official Disability Guidelines note that functional capacity evaluation is recommended for patients who have had prior unsuccessful return to work attempts or for patients at close or at maximum medical improvement. There is no indication that the patient had any prior unsuccessful return to work attempts. The patient was not close or at maximal medical improvement. As such, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM guidelines note that unequivocal findings and identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. The patient was noted to have continued complaints of pain. However, there was no evidence of any neurological deficits on the examination provided for review. As such, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM guidelines note that unequivocal findings and identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and he would consider surgery an option. The patient was noted to have continued complaints of pain. However, there was no evidence of any neurological deficits on the examination provided for review. As such, the request is not medically necessary.

Six sessions of acupuncture one time a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS acupuncture guidelines note that acupuncture is used as an option with pain medication is reduced or not tolerated or may be used as an adjunct physical rehabilitation and/or surgical intervention. There is no indication that the patient was to receive the acupuncture as an adjunct to physical rehabilitation. As such, the request is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: The California MTUS 2016 chronic pain treatment guidelines note that a transcutaneous electrical nerve stimulation unit is recommended for a 30 day trial. The documentation indicates the patient has continued complaints of pain. However, there was no evidence of patient specific short and long-term goals with use of the unit. There was no indication the patient has completed conservative treatment including physical therapy and medications. As such, the request is not medically necessary.

Diclofenac sodium 3% 300mg/g #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note that topical analgesics are largely experimental with use in few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class it is not recommended is not recommended. The documentation indicates patient has

continued complaints of pain. However, there is no evidence that the patient had failed first-line trial of oral nonsteroidal anti-inflammatory medications. There was no clear rationale as to why patient required topical medications versus oral indications. As such, the request is not medically necessary.

Lidocaine ointment 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Lidoderm (lidocaine patch), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Treatment Guidelines note that topical analgesics are largely experimental with use in few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class it is not recommended is not recommended. The only topical formulation of lidocaine that is FDA approved is Lidoderm patches. There was no evidence of the patient failed trial of anticonvulsants or antidepressants. There was no clear evidence of neuropathic pain on the physical examination provided for review. As such, the request is not medically necessary.

Physical therapy two times a week for six weeks (12 sessions) was the original request. Physical therapy 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy 6 sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The California MTUS 2016 chronic pain treatment guidelines note that physical therapy is recommended for 9-10 visits over 8 weeks for myalgia and myositis and for 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. It was noted that the patient has previously received physical therapy visits. However, the patient's significant objective functional improvement and decrease in pain with the previous visits was not indicated. Therefore, continued sessions would not be supported at this time. As such, the request is not medically necessary.