

Case Number:	CM13-0004708		
Date Assigned:	11/01/2013	Date of Injury:	07/03/1987
Decision Date:	01/21/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is 60 year old male with DOI 7/3/87. Diagnosis is chronic low back pain. Other reports have right shoulder and elbow pain as well. 3/18/13 report, hand-written by [REDACTED], illegible. 4/1/13 report requests home care assistance. 5/19/88 is an MRI report with central disc herniation at L5-1. 7/19/13 report by [REDACTED] shows "Back pain, anxious, aggravated diabetes, depressed, teeth problems and sleep problems." Cognitive therapy was recommended. 6/3/13 report by [REDACTED] requesting home health evaluation. 6/10/13 report is illegible. 6/5/13 report by [REDACTED]. Pain 8/10 constant in C-spine, lower back to lower extremities and feet, uses cane for ambulation. Patient has difficulty or unable to dress, shower, needs to be monitored while bathing for safety precautions, cooking, meal prep, house cleaning, errands and laundry due to physical limitations, limited mobility and constant pain. Patient's caregiver lives with the patient. 6/11/13 report has Lumbar disc herniation L5-1, r/o RCT, right shoulder, Right elbow epicondylitis. Recommendation was for PT 3x6. Under subjective, it states that he has had no improvement of his low back or right shoulder, but some improvement of his right elbow. His activities of daily living continues to be affected, but therapy is helping. The CID UR letter was hidden on page 284 of 340 pages. The letter indicates that therapy was indicated but modified to 6 sessions, with the rest 12 sessions non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: This patient suffers from chronic low back, leg and right shoulder pain with injury from 25 years ago. MRI of L-spine from the distant past showed herniation at L5-S1. The patient's functions are quite compromised requiring a care assistant that lives with the patient. The treater has asked for 18 sessions of therapy on June 2013. This request was modified to 6 sessions. The Utilization reviewer did not assess how much treatments the patient has had in the recent past. Review of the reports do not show any therapy reports. There is one mention by the treater regarding past treatments. When the treater requested 18 sessions of therapy on June 2013, it was mentioned that the patient was receiving therapy with some improvement. It is not known how many therapy sessions were being provided. This request is to consider whether or not the requested 18 sessions of therapy is consistent with MTUS guidelines. Utilization reviewer already certified 6 of the 18 sessions. MTUS allows for up to 10 sessions of therapy for sprains/strains, myalgia, neuritis, and radiculitis, the kinds of diagnosis this patient has. There is no evidence that the patient recently underwent any surgery. The treater does not provide any compelling reasons why this patient should be provided with more than what is recommended by MTUS. Recommendation is for denial. The treater's request exceeds what is allowed by MTUS for the patient's condition.

Lidoderm patches #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: The Physician Reviewer's decision rationale: This patient suffers from chronic low back, leg and right shoulder pain with injury from 25 years ago. MRI of L-spine from the distant past showed herniation at L5-S1. MTUS pg. 111-113 recommends Lidoderm patches for neuropathic pain, for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). MTUS pg. 3 states that Neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing, and burning sensations that are distinct from nociceptive pain. While the records indicate that the patient suffers from chronic low back pain, it is unclear what type of pain is experienced in the leg. Neuropathic pain is not well documented and it is unclear if the patient has failed anti-depressants or an AED. Recommendation is for denial.

