

<b>Case Number:</b>	CM13-0008150		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Pain Management and is licensed to practice in Texas. 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:

The patient is a 57 year old female that reported an injury on 02/10/2004. The mechanism of injury was not provided in the medical records. Surgical history includes Discectomy/laminectomy L4-L5 07/2006. Medications listed per the clinical note dated 07/09/2013 are Lortab 10/500mg four times a day, Zanaflex 4 mg at bedtime, Lactulose solution, Lidoderm patch 5%, Biofreeze-roll on gel 2 a month, and Lunesta 3mg take 1 at bedtime. The patient complained of low back pain radiating down the left lower extremity. On examination no significant changes were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS IN TREATMENT OF LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine,.

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

**Decision rationale:** The CA MTUS says that physical medicine/active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient should be well versed in home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices that the patient had learned from previous therapy sessions. The clinical note stated that there were no significant changes noted and gave no documentation of pain levels, radiating areas, failed conservative treatments, or any past gains from therapy. The MTUS says that they recommend for Neuralgia, neuritis, and radiculitis, unspecified that the patient should have 8-10 visits over 4 weeks. The patient should have well exceeded this since the reported date of injury of 02/04/2004. Therefore the request is non-certified.

**LIDODERM PATCHES 5%:** 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, 112.

**Decision rationale:** The CA MTUS says that the use of topical analgesics are largely experimental and there has been a few random controlled trials and are primarily recommended for neuropathic pain when there are trials of antidepressants and anticonvulsants that have tried and failed for the pain. The clinical note gave no documentation of failed conservative care for this and stated that there were no significant changes noted and gave no documentation of pain levels, radiating areas. Therefore the request is non-certified.