

Case Number:	CM13-0022353		
Date Assigned:	11/13/2013	Date of Injury:	08/29/2006
Decision Date:	01/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 Sports Medicine, and is licensed to practice in New York and 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 59-year-old male who reported an injury on 6/12/12. He is noted to complain of neck pain with bilateral upper extremity complaints, which rate 9/10 with radiation of pain, numbness and tingling, and cramping sensation in both his arms. As of 1/22/13, the patient had completed 9 sessions of chiropractic treatment, which he reported had decreased his pain and increased his function. He is noted to have continued to complain of ongoing cervical spine pain with radiation of pain to the bilateral upper extremities. On 6/21/13, the patient reported his neck pain was 9/10 with radiation of pain and numbness down both arms into the hands. He reported a throbbing headache in the posterior neck. He has noted he has not had an epidural steroid injection to his cervical spine in the past. On physical exam, the patient is noted to have decreased range of motion of the cervical spine in all planes, decreased sensation in the C5, C7, and C8 dermatomes on the left, 4+/5 strength of the biceps, internal and extension rotators, wrist extensors and flexors on the left and 5-/5 deltoid, triceps interosseous ring finger flexors and finger extensor strength on the left. The patient underwent an MRI of the cervical spine on 5/16/11, which showed degenerative disc disease with facet arthropathy and anterolisthesis at C3-4 and C4-5, and retrolisthesis at C5-6 and C6-7. He was noted to have mild canal stenosis at C3-4, moderate canal stenosis at C4-5, mild to moderate canal stenosis at C5-6 and C6-7, and neural foraminal narrowing severe on the left at C3-4, moderate to severe on the left at C4-5, and mild to severe on the left at C5-6, severe on the left at C6-7, and moderate to severe foraminal narrowing on the right at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Terocin pain relief lotion, 4oz: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that any topical analgesic that contains one or more drugs or drug classes that is/are not recommended is not recommended as a compounded whole. Terocin lotion contains methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. The guidelines state that topical non-steroidal analgesics such as methyl salicylate are recommended for short term use for treatment of osteoarthritis or tendinitis in joints that are amenable to topical treatment (which does not include the spine). They also state that capsaicin is recommended only as an option for patients who have not responded or are intolerant to other treatments. Lidocaine is only recommended for treatment of neuropathic pain in the form of a dermal patch; no other commercially approved topical formulations of lidocaine - whether creams, lotions, or gels - are indicated for treatment of neuropathic pain. The patient is not noted to have osteoarthritis and he has been using the ointment long term. There is no documentation that states he has not responded to or to been intolerant of other treatments. As such, the requested Terocin lotion does not meet guideline recommendations as it includes lidocaine, capsaicin, and methyl salicylate, and there is no indication for long-term use of methyl salicylate for treatment of the cervical spine. As such, the requested Terocin pain relief lotion 4oz does not meet Guideline recommendations.

The request for a neurology consultation to evaluate the patient's persistent headaches: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient has complaints of headaches that started in his posterior region; however, there is no documentation other than the headaches of a need for a neurological consult. The guidelines recommend referrals when the practitioner is uncomfortable with the line of inquiry, or with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement about a treatment plan. As there are no findings that would explain the need for a neurological consult regarding the patient's headaches (as they start in his cervical spine), the need for a neurological consult is not established. Based on the above, the request is non-certified.

The request for a six month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The California MTUS and Official Disability Guidelines recommend exercise, noting that there is strong evidence that exercise reduces disability durations in patients with acute or subacute pain. However, they both state that while a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by health professionals such as gym memberships or advanced home exercise equipment is not appropriate for patients who may need more supervision. As such, the requested gym membership does not meet guideline recommendations, as the patient is not indicated to be performing exercises at the gym under supervision. Based on the above, the request for a 6 month gym membership is non-certified.

The request for eight chiropractic treatments with decompression therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The patient was treated with chiropractic therapy in the past. However, there is no documentation of the patient's functional response to the treatment other than reports of decreased pain and increased functional activity. The California MTUS Guidelines do not recommend continuation of chiropractic treatment without objective findings of improvement in function. Based on the above, the request is non-certified.

The request for interlaminar epidural injections at C4-5 and C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection for patients with complaints of radiculopathy that is documented by physical exam and corroborated by imaging studies initially unresponsive to conservative treatment. They state that no more than one interlaminar level should be injected in one session, and in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement by at least 50% with associated reduction of medications for 6-8 weeks. The patient is reported to have undergone an MRI; however, the MRI was not submitted to support

the request. The request is for two levels for interlaminar injections, which is not recommended by the guidelines. In addition, the guidelines do not recommend a repeat block without documentation of at least 50% pain relief for 6-8 weeks. As such, the request is non-certified.