

Case Number:	CM13-0030607		
Date Assigned:	11/27/2013	Date of Injury:	03/22/2013
Decision Date:	01/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine, 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:

This is a 54-year-old female with date of injury of March 22, 2013. The patient has a diagnosis of lumbosacral sprain, cervical sprain, right elbow tendinitis, and right shoulder sprain. The patient's pain began in early 2000 because repetitive bending and twisting while restraining juveniles. The patient has had x-rays, physical therapy, and an MRI that shows a disc bulge at L5 - S1. She then had 10 therapy sessions for the neck and back, but continued to have ongoing neck and back symptoms. Her last day at work was May 4, 2013. Her medications include Zanaflex and Vicodin. EMG and nerve conduction studies were normal in the right upper extremity. The treating provider requests a home IF unit on 9/10/13. The note does not indicate any type here or plan for the unit. There is no discussion as to failed medication treatments. There is a request for a Lidoderm patch to lumbar spine, no other information is given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Page(s): 119.

Decision rationale: This treatment is NOT medically necessary. CA MTUS chronic pain guides on page 119 discuss IF units. The guides state that in order for a patient to use the unit, criteria that must be met include pain that is ineffectively controlled by medications, a history of substance abuse, or an unresponsiveness to conservative measures. There is no indication in the medical records that any of these criteria are met. Therefore the Home IF unit is not necessary.

Orthostim 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Page(s): 119.

Decision rationale: This treatment is NOT medically necessary. CA MTUS Chronic Pain Guidelines, page 119, discuss IF units. The guidelines state that in order for a patient to use the unit, criteria that must be met include pain that is ineffectively controlled by medications, a history of substance abuse, or an unresponsiveness to conservative measures. There is no indication in the medical records that any of these criteria are met. Therefore the Orthostim 4 is not necessary.

Lidoderm patch 5% for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This treatment is NOT medically necessary. CA MTUS Chronic Pain Guidelines, page 56, state the lidoderm patch may be recommended for localized peripheral pain after there is evidence of the trial of first-line therapy. The treatment is only FDA approved for postherpetic neuralgia. On page 146, the guides state that the Lidoderm patch is not recommended for non-neuropathic pain. As the guides do not recommend this medication, it is not necessary.