

Case Number:	CM13-0041024		
Date Assigned:	12/20/2013	Date of Injury:	02/22/2011
Decision Date:	03/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois 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 was a 63-year-old male who sustained unspecified injuries on 02/22/2011 which resulted in lower back pain. The patient was seen on 10/08/2013 which noted the patient had decreased range of motion to his lumbar spine. The examination further indicated the patient had decreased range of motion to his right leg and was noted as having positive stretch test confirming nerve entrapment/impingement in the lower back. The treatment plan was noted as a lumbar MRI and Lidoderm patches for the lower back pain. The patient previously had an MRI on 03/03/2011 which noted the patient had disc and facet disease at L3-4 and L4-5 which caused bilateral neural foraminal and lateral recess narrowing. The documentation submitted for review indicated the patient had previously participated in 2 sessions of physical therapy and the outcome of such sessions was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% 1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56-57.

Decision rationale: The request for Lidocaine patches 5% 1 box is non-certified. The patient was noted to suffer from chronic back pain following an injury. The California MTUS Guidelines recommend the use of Lidoderm or Lidocaine patches for localized peripheral pain after there has been evidence of a first line therapy trial. The documentation submitted for review noted the patient had previously been treated for his pain using medications. The analgesic effect of the medications previously prescribed was not submitted for review. The documentation submitted for review did not indicate the patient's pain level with or without the use of medications. The guidelines state that Lidocaine patches are not recommended for chronic neuropathic pain disorders. Given the information submitted for review, the request for Lidocaine patches 5% 1 box is non-certified

MRI of the lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine without dye is non-certified. The documentation submitted for review indicated the patient had suffered from low back pain resulting from an injury. The documentation submitted for review indicated the patient had participated in 2 physical therapy sessions. It was also noted the patient had an MRI on 03/03/2011 which noted the patient had disc and facet disease at L3-4 and L4-5 which caused bilateral neural foraminal and lateral recess narrowing. The ACOEM Guidelines recommend the use of diagnostic imaging studies when unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. The documentation submitted for review did not indicate the patient was a surgical candidate or was considering a surgical intervention. In addition, it was noted the patient had already undergone an MRI in 2011 and no significant changes in his condition were submitted for review. The guidelines recommend repeat MRIs in patients when there is a significant change in their condition. Given the information submitted for review, the request for MRI of the lumbar spine without dye is non-certified.