

Case Number:	CM13-0068232		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2010
Decision Date:	05/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 expert 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 injured worker is a 52-year-old female who reported an injury on January 28, 2010. The mechanism of injury was not provided for review. The injured worker's treatment history included medial branch blocks, a lumbar rhizotomy, epidural steroid injections, and extensive conservative therapy. It was noted that injured worker was participating in a home exercise program. The injured worker was evaluated on November 14, 2013. It was documented that she had ongoing low back pain radiating into the right lower extremity. Physical findings included tenderness over the right sided L4 through the S1 and superior iliac crest. It was documented that the injured worker had tenderness along the course of the sciatic nerve on the right side. The injured worker's diagnoses included spondylosis, spinal stenosis, and hypertension. It was documented that the injured worker's treatment plan included surgical intervention that had not yet been authorized. A request for physical therapy to assist with core stabilization while awaiting authorization of surgical intervention and Lidoderm patches to assist with pain control was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LOW BACK, THREE TIMES A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends that injured worker's be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker is participating in a home exercise program; however, has ongoing pain complaints. Therefore, a short duration of treatment would be appropriate for this patient to re-assess and re-educate the patient in a home exercise program. However, the requested 18 physical therapy visits would be considered excessive. The California Medical Treatment Utilization Schedule only recommends up to eight to ten visits for radiculitis. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. The request for physical therapy for the low back, three times a week for six weeks, is not medically necessary or appropriate.

THIRTY LIDODERM 5% PATCHES (TWELVE HOURS ON, TWELVE HOURS OFF):
Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends topical Lidoderm patches for injured workers who have failed to respond to a trial or oral first line medications. The clinical documentation submitted for review does not indicate that the injured worker has failed to respond to first line medications to include oral antidepressants or oral anticonvulsants. Therefore, the use of this medication would not be supported. The request for thirty lidoderm 5% patches is not medically necessary or appropriate.