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| <b>Case Number:</b>   | CM14-0104657 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 09/11/2009 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 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 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 patient is a 56-year-old female who has submitted a claim for sprain of neck associated with an industrial injury date of September 11, 2009. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of persistent cervical spine pain. The progress notes after the patient's operation contain illegible notes that made it difficult to decipher the patient's objective findings during the time of the request. The treatment to date has included medications and surgery. The patient had surgery on April 19, 2014 involving, anterior discectomy, partial corpectomy C5-6 and C6-7; instrumentation of C5-6 and C6-7; fusions of C5-6 and C6-7; neuromonitoring, c-arm and allograft, and anterior fusion C5-6 and C6-7 with instrumentation. Post-operative diagnosis was lumbar cervical discogenic disease and cervical radiculopathy, left C6-7 distribution. A utilization review from June 11, 2014 denied the request for post-op physical therapy 3x4 weeks cervical spine, post-op acupuncture 2 x 6 weeks cervical spine, Cyclo-Keto-Lido 240gm with 1 refill and transportation to and from all medical appointment until mobility has improved to a level that allows for safe driving. The request for physical therapy was denied because it was still premature. The request for acupuncture was denied because it was not supported by need for alternative pain management. The request for Cyclo-Keto-Lido cream was denied because the MTUS does not recognize topical preparations. The request for transportation was denied because there was no defined basis for other care at the time of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 3x4 Weeks Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 27.

**Decision rationale:** According to the California MTUS post-surgical treatment guidelines, patients undergoing physical therapy postoperative will need one half of the number of visits specified in the general course of therapy for the specific surgery as initial course of therapy pending results of this initial course. The recommended number of visits in the general course of therapy for discectomy is 16 visits over 8 weeks. This patient only needs 8 visits of physical therapy in the meantime. Therefore, the request for post-op physical therapy 3x4 weeks cervical spine is not medically necessary.

**Post-Op Acupuncture 2 X 6 Weeks Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4, Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, there was no record that the patient had tried acupuncture before. It is a reasonable treatment option at this time. However, the requested number of visits exceeded guideline recommendation of an initial 3 to 6 session to assess efficacy. Guideline criteria were not met. Therefore, the request for post-op acupuncture 2 x 6 weeks cervical spine is not medically necessary.

**Cyclo-Keto-Lido 240gm with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized

controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. In this case, the patient was prescribed a topical agent containing Cyclobenzaprine, Ketoprofen and Lidocaine. Lidocaine is not recommended for topical applications. Topical NSAID formulation is only supported for Diclofenac in the California MTUS. Also, there is no evidence to support the use of topical Cyclobenzaprine, and the addition of Cyclobenzaprine to other agents is not recommended. All components of the compounded product being requested are not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Cycl-Keto-Lido 240gm with 1 Refill is not medically necessary.

**Transportation to and from all medical appointment until mobility has improved to a level that allows for safe driving:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Transportation (To and From Appointments).

**Decision rationale:** The California MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the request is for transportation to all medical appointments until mobility has improved to a level that allows for safe-driving. However, the present request failed to specify a limited duration of time necessitating such service. Although transportation services may be appropriate at this time, frequent evaluation of patient's impairments and activity limitations is needed to determine extension of services. Therefore, the request for transportation to all medical appointments is not medically necessary.