

<b>Case Number:</b>	CM14-0106096		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/29/1997
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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:

Patient is a 61 year-old female with date of injury 06/29/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/19/2014, lists subjective complaints as severe right shoulder pain, and pain in the neck, thoracic and lumbar spine. Objective findings: On examination of the right shoulder, there is pain to palpation throughout the right shoulder, impingement sign, and decrease range of motion secondary to pain. Examination of the patient's right knee revealed a well-healed incision along the anterior portion of the knee. Range of motion was 0-120 degrees. No physical examination of the spine was recorded. Diagnosis: 1. Fibromyalgia 2. Cervical stenosis 3. Status post left knee arthroscopy with residuals 4. Bilateral shoulder impingement/ adhesive capsulitis 5. High grade partial tears of the supra and infraspinatus of the right shoulder with osteoarthritis of the acromioclavicular joint 6. Right carpal tunnel syndrome 7. Major depression 8. Post-traumatic stress 9. Sleep disorder 10. Status post left knee arthroscopy, January 2014. The medical records supplied for review was insufficient to determine how long the patient has been taking the following medication; 1. Lidoderm 5%: Two Patches, SIG: P.O.Q. daily

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Thoracic 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- Thoracic Spine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. Therefore the request for MRI of thoracic spine is not medically necessary.

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine.

**Lidoderm 5% Two Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Therefore the request is not medically necessary.