

Case Number:	CM14-0018836		
Date Assigned:	04/23/2014	Date of Injury:	08/20/2010
Decision Date:	07/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46-year-old female who had a work injury dated 8/20/10. Her diagnoses include right posttraumatic thoracic outlet syndrome, plantar fasciitis bilaterally with compression of the posterior tibial and plantar nerves on the left side. There is a request for unknown physical therapy visits with cold laser therapy and TENS and for Neurontin 100mg. There is a 2/20/14 neurosurgical document that states that the patient presents with excruciating pain in the left side of the neck that radiates into the shoulder blade down to the right hand in the ulnar distribution that has been associated with increased weakness and numbness sensation of the right hand, in the fourth and the fifth fingers. The patient has headaches and muscle spasm of the right trapezius muscle. The patient complains of burning pain in both feet. On physical examination the patient has strength of 3+/5 of the right finger flexors and intrinsic muscles of the right hand. There is sensory loss to light touch, pinprick, and two-point discrimination in the right hand, especially in the fourth and the fifth fingers and the lateral and plantar aspect of her feet. The deep tendon reflexes are symmetric. Her gait is slow. She has a positive Tinel sign in the region of the right brachial plexus. The Adson and the Roos testing including the brachial plexus stress testing were positive on the right side. Elevation of the right arm will cause increased weakness and numbness sensation in the right hand. There is a moderate muscle spasm in the right trapezius muscle. The patient also has a positive Tinel sign in the distribution of the left posterior tibial and the plantar nerves in the medial aspect of the left foot. There is also localized tenderness in the medial aspect of the right foot just below the surgical scar. Per documentation, the patient had an MRI of the brachial plexus that demonstrated compression of the right brachial plexus caused by fibrosis of the scalenus anterior muscle. On 09/05/2013, the patient had an electromyography (EMG) and nerve conduction studies of the upper extremity that demonstrated

an absence and a prolonged ulnar F-wave on the right arm suggesting a compression of the right brachial plexus. On 11/29/2010, the patient had an MRI of the right foot that demonstrated evidence of a partial tear or plantar fasciitis. There was also an increased signal of the plantar portion of the sprained ligament consistent with the inflammation. There was also increased signal intensity within the tibialis posterior tendon again consistent with tendinitis. On 11/29/2010, the patient had also an MRI of the left foot that was consistent with a partial tear and strain of the plantar portion of the sprained ligament and a possible tendinosis of partial tear of the tibialis posterior tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PHYSICAL THERAPY VISITS WITH COLD LASER THERAPY AND TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Low-Level Laser Therapy (LLLT) Page(s): 98-99, 114-116, and 57. Decision based on Non-MTUS Citation Definitions, Functional Improvements, Page 1.

Decision rationale: The unknown physical therapy visits with cold laser therapy and TENS is not medically necessary per the Chronic Pain Guidelines. The documentation indicates that the patient has had at least fifty-four (54) therapy sessions have been certified since 01/10/2011. The documentation indicates that the patient has had no significant functional improvement as defined by the MTUS from these visits or improvement in pain. Without these improvements the guidelines do not recommend continued therapy. Furthermore the request as written has no frequency and duration of treatment. Cold laser therapy is not recommended per the guidelines. The guidelines state that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. TENS is not medically necessary per the guidelines. The guidelines state that TENS can be used in chronic intractable neuropathic pain (such as seen in diabetic neuropathy or post herpetic neuralgia). The guidelines recommend TENS with treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Given that the patient has had no benefit from multiple prior physical therapy sessions, the fact that cold laser therapy is not recommended per the MTUS, and that there are no goals for use of the TENS therapy the request for unknown physical therapy with TENS and cold laser are not medically necessary.

NEURONTIN 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Definitions, Functional Improvements, Page 1.

Decision rationale: Neurontin 100mg is not necessary per the Chronic Pain Guidelines. The request as written indicates no frequency or duration. The documentation indicates that the patient has been on Neurontin since, without significant improvement in function as defined by the MTUS, or pain. The documentation states that the patient has been taking Neurontin since 08/30/2011. The guidelines recommend if there is not sufficient pain control to change to another first line medication. The continuation of Neurontin is not medically appropriate. The request for Neurontin 100mg is not medically necessary.