MAXIMUS Federal Services

Case Number:	CM14-0119069		
Date Assigned:	08/06/2014	Date of Injury:	07/01/1999
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old male who reported an injury on 07/01/1999 who reportedly sustained injuries to the lower back, knees, and his shoulders. The injured worker's treatment history included medications. The injured worker was evaluated on 06/23/2014 and it was documented that the injured worker complained of constant aching pain in the low back and hips and shoulders and knee pain which comes and goes mainly as he drives. His pain was a 4/10 to 5/10 that as increased with activities. He reported medication rest alleviated pain and performs activities of daily living but has to restrict employment due to pain. Findings included mild to moderate lumbar tenderness, mild paraspinal tenderness, trigger points with taut bands and left levator scapula and rhomboids and mild decreased sensation right anterolateral thigh and medial foot. The injured worker was diagnosed with heart disease, coronary artery anomaly, chronic pain, lumbago, joint pain, multiple joints, and lumbosacral neuritis. Medications included Zetia, Pravastatin, metoprolol, and aspirin. The request for authorization dated 02/02/2014 was for TENS unit, x-ray of the bilateral hips, and Lidoderm 5% patches. The rationale for the TENS unit, the provider noted the injured worker may obtain benefit for adjunctive pain relief. However, the rationale for the Lidoderm patches and a TENS unit was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X-Rays, Hips & Pelvis.

Decision rationale: According to the Official Disability Guidelines (ODG) X-rays are recommends plain radiographs (X-Rays) of the pelvis, and should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Although the diagnostic performance of the imaging techniques (plain radiography, arthrography, and bone scontigraphy) was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head. Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. Standard radiographic hip imaging includes antero-posterior (AP) pelvic projection with dedicated AP and cross-table lateral projections of the affected hip. Conventional estimates have put the sensitivity of these projections for hip fracture between 90% and 98%. This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The documentation submitted failed to indicate the rationale why the injured worker is requiring a bilaterally hip X-ray. Additionally, the provider failed to indicate outcome measurements of conservative care. As such the request for X-ray of the bilateral hips are not medically necessary.

Lidoderm 5% (700mg Patch) #60 x 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Lidoderm patches 5% is (700 mg patch) #60 X 2 refills not medically necessary.

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the use of TENS Page(s): 114-116.

Decision rationale: The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based Tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous physical therapy sessions and acupuncture however, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. In addition, the request failed to indicate frequency and location where the Tens unit should be used on the injured worker. Given the above, the request for 1 TENS Unit is not medically necessary.