

Case Number:	CM14-0156425		
Date Assigned:	10/28/2014	Date of Injury:	08/19/1998
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/24/2014

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 Management, has a subspecialty in Interventional Spine 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 57 year-old female with the date of injury of 08/19/1998. The patient presents with pain in her neck, shoulders, wrists and low back. The patient reports experiencing frequent falling due to weakness in her lower extremities. Examination reveals 1) the range of cervical motion is reduced by 50% with pain 2) negative Bakody's sign 3) the range of shoulder is full 4) impingement sign 5) the range of lumbar motion is reduced by 50% with severe pain 6) positive Kemp's and minor's sign. According to [REDACTED] report on 06/05/2014, diagnostic impressions are; 1) Cervical spondylosis 2) Cervical facet joint pain 3) Bilateral shoulder impingement 4) Bilateral carpal tunnel syndrome 5) Bilateral dequervain's tenosynovitis 6) Failed back surgery syndrome 7) S/P spinal cord stimulator implant 8) Bilateral knee arthropathy. The utilization review determination being challenged is dated on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/13/2014 to 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 P-STIM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic), Auricular electroacupuncture

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Auricular electroacupuncture

Decision rationale: The patient presents with pain in her neck, shoulders, wrists and lower back. The patient is s/p multiple surgeries, including three-level lumbar decompression and fusion and right shoulder surgery. The request is for Point-stimulation therapy (P-STIM). The P-STIM is a combination of permanent acupuncture-like needles and electrical stimulation. MTUS guidelines do not discuss P-STIM. ODG guidelines Pain chapter under "Auricular electroacupuncture states, "Not recommended. The evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute and chronic pain. In the only published RCT, use of the P-Stim device was not associated with improved pain management." AETNA guidelines also do not support P-STIM device stating that this is experiment and investigational for the treatment of failed back syndrome, lumbago, neck pain, etc. Given the lack of support for P-stim per ODG and other guidelines to treat chronic pain, recommendation is for denial.

Radiographs of the Spinal Cord: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

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 chapter, radiographic studies

Decision rationale: The patient presents with pain in her neck, shoulders, wrists and lower back. The patient is s/p multiple surgeries, including three-level lumbar decompression and fusion and right shoulder surgery. The request is for radiographs of the spinal cord. The treater does not specifically discuss the rationale behind the request and it is not known precisely what he is requesting, just simple X-rays, or contrast study. Given the request for studies of the "spinal cord," and the patient's presentation including weakness of the legs, the treater may be asking for a contrast study to look at any compression on the spinal cord. The patient does have C-spine cord stimulator in place. The utilization review letter from 9/22/14 indicates that spinal stimulator is working. Regarding X-rays and radiographic studies, ODG guidelines support for suspected myelopathy or red flags. The patient's weakness in the legs with frequent falling is a red flag and radiographic studies of the spinal cord either via X-ray or CT would appear reasonable. Recommendation is for authorization.

Prescription of Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical, Salicylate topicals, Menth.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain in her neck, shoulders, wrists and lower back. The patient is s/p multiple surgeries, including three-level lumbar decompression and fusion and right shoulder surgery. The request is for Terocin patches. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. This patient, while there are diagnoses of pain in neck, shoulders, wrists and low back, there is no evidence of "localized pain that is consistent with neuropathic etiology." Recommendation is for denial.