

Case Number:	CM14-0174070		
Date Assigned:	10/27/2014	Date of Injury:	05/04/2004
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 69 year old female with an injury date on 05/04/2004. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic cervical secondary to degenerative disc disease and some cervical disc bulges diffusely, with a new right upper extremity, C7 nerve root pathology and possible carpal tunnel syndrome, right hand. 2. Chronic lumbar strain with lumbar herniated disc and right lower extremity radiculopathy and L5 nerve root weakness with a weak extensor hallucis longus. 3. Right shoulder rotator cuff tendon tear. 4. Right knee meniscal tear, early posttraumatic arthritis. 5. Bilateral hip sprain/strain. According to this report, the patient complains of neck pain, right shoulder pain and "worsening pain in the lower back and right leg as well as decreased functionality." Pain is rated as a 6/10 for the neck, low back and right knee; and a 7/10 for the right shoulder and bilateral hip. Physical exam reveals tenderness in the trapezius muscle bilaterally, lumbar paraspinals muscles, right AC joint and right iliac crest. Cervical compression test, Kemp's test, Straight leg raise, Hawkin's, Neer's, and Practick signs are positive. Decreased strength and sensation (4/5) is noted at the right L4, L5, and S1. There were no other significant findings noted on this report. The utilization review denied the request on 0/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/24/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy eight (8) sessions (2x4): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Myalgia and Myositis, unspecified, and Neuralgi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with "worsening pain in the lower back and right leg as well as decreased functionality." The provider "would like to request a short course of Physical Therapy two times a week for four weeks to the lumbar spine and right leg." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the patient's last round of physical therapy was in January 2014; a short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function. In this case, the reports show that the patient has an exacerbation of the low back pain and lower extremity recently with decreased function. Given the patient's flared-up symptoms, the requested 8 sessions of physical therapy appear reasonable and consistent with the guidelines. Therefore, this request is medically necessary.

Lidoderm patch 5%; apply twelve hours on and twelve hours off, lumbar and cervical spine and right knee; dispense one month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, and Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic (medication for chronic pain) Page(s): 111-113, 60.

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with "worsening pain in the lower back and right leg as well as decreased functionality." The provider is requesting Lidoderm patch 5 percent; for the lumbar, cervical spine, and right knee; one month supply. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lower extremity neuropathic pain but this is not localized. Furthermore, the provider does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Lidoderm is not indicated for axial spinal pains. Therefore, this request is not medically necessary.