

Case Number:	CM14-0175038		
Date Assigned:	10/28/2014	Date of Injury:	11/10/2010
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine and is licensed to practice in Ohio. 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 50-year-old female with a date of injury of November 10, 2010. She was involved in a work-related motor vehicle accident and has had ongoing pain of the neck, shoulders, lower back, and right knee. The physical exam has revealed diffuse myofascial tenderness of the cervical and lumbar spines with diminished range of motion. Upper and lower extremity sensation, strength, and reflexes have been normal. The right knee reveals tenderness to palpation of the medial condyle and popliteal fossa. The McMurray's sign is negative. There is crepitus with range of motion. An MRI scan of the cervical spine in 2010 revealed degenerative disc disease and a facet spur on the right at C6-C7 with close approximation to the right-sided C7 nerve root. An MRI of the lumbar spine revealed a disc herniation at L5-S1 contacting the right sided S1 nerve root. MRI scan of the right knee revealed early tricompartmental arthritis and a small, un-ruptured Baker's cyst. Electrodiagnostic studies of the upper extremities were normal. The injured worker had 15 sessions of physical therapy for the neck and back in 2012. Those physical therapy notes are not available for review. The diagnoses include fibromyalgia, lumbar disc herniation, cervical spondylosis, right knee strain/sprain, and right knee osteoarthritis. The injured worker otherwise has been treated with chiropractic care, chelation therapy, anti-inflammatories and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #60: Upheld

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

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this instance, there is no evidence that the injured worker has a localized peripheral pain disorder or a chronic neuropathic pain disorder. Therefore, Lidoderm Patches 5% #60 are not medically necessary.

12 Physical Therapy Visits for the Cervical, Lumbar, and Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Low Back, and Knee Sections, Physical Therapy

Decision rationale: The Official Disability guidelines allow for physical therapy based on the following diagnoses: Lumbar strains/sprains: 10 visits over 8 weeks, lumbar intervertebral disc disorders without myelopathy: 10 visits over 8 weeks, lumbar sciatica: 10-12 visits over 8 weeks, strains/sprains of the neck: 10 visits over 8 weeks, brachial neuritis/radiculitis: 12 visits over 10 weeks, sprains/strains of the knee and leg: 12 visits over 8 weeks. In this instance, the injured worker is largely felt to have widespread myofascial pain with relatively incidental MRI findings. Specifically, she had a normal electromyogram/nerve conduction test of the upper extremities which was normal. The upper and lower neurologic findings do not point to specific nerve root compression (i.e. brachial radiculitis or lumbar sciatica). Therefore, the quantity of physical therapy requested for the cervical and lumbar spine exceeds those suggested by the guidelines. Hence, 12 Physical Therapy Visits for the Cervical, Lumbar, and Right Knee is not medically necessary.

TENS Unit, 30 Day Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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, TENS (Transcutaneous Electrical Nerve Stimulation) and Conservative Care

Decision rationale: On June 8, 2012, the [REDACTED] issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. However, a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. Conservative care is generally recommended at least for the first six months, in the absence of red flags that may indicate the presence of a serious underlying medical condition. Specific recommended conservative care includes instruction in a self-performed exercise program that includes on-going back strengthening and flexibility exercises, as well as aerobic exercise and recommended drug therapies. Recommended conservative care does not mean six months of passive physical therapy. In this instance, the documentation does not reflect that the injured worker has been involved with a self-performed home exercise program which includes strengthening, flexibility, and aerobic exercises. Therefore, a TENS unit for a 30 day trial is not medically necessary per the referenced guidelines.