

Case Number:	CM14-0181665		
Date Assigned:	11/06/2014	Date of Injury:	05/19/2004
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Pain Medicine 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:

This is a patient with a date of injury of 5/19/04. A utilization review determination dated 10/29/14 recommends non-certification of MRI lumbar spine and SI joints, Lidoderm, and aquatherapy. Percocet and Norco were approved along with 6 sessions of PT, and electrical stimulation was certified in the form of a 30-day trial of TENS. 8/23/14 medical report identifies low back and extremity pain. On exam, there is tenderness. Sensory was noted to be altered, but no specifics identified. Recommendations include medications, electrical stimulation, PT, aquatherapy, "surgical procedures: fusion L3-4?", "MRI request, but need details of past imaging." A request for medical records from the initial injury and imaging reports was also made.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- MRI of Hip Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, the patient has a longstanding injury and there is mention of prior imaging, but no there is clear documentation of significant change in symptoms and/or findings suggestive of significant pathology since previous imaging. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

MRI SI joints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- MRI of Hip Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis chapter, MRI (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI SI joints, CA MTUS does not address the issue. ODG supports MRI for various conditions including Osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. Within the documentation available for review, there is no identification of any clinical findings suggestive of SI joint pathology. There is tenderness, but no positive SI joint provocative maneuvers are noted to be positive and no rationale for the request is presented. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Lidoderm Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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)." Within the documentation available for review, none of the abovementioned criteria have been documented. In light of the above issues, the requested Lidoderm is not medically necessary.

Soma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

Electrical Stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for electrical stimulation, Chronic Pain Medical Treatment Guidelines do provide limited support for some forms of electrical stimulation, while other forms are not supported. Within the documentation available for review, there is no indication as to what specific form of electrical stimulation is being requested. The utilization reviewer modified the request to certify a 30-day trial of TENS, but unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98, 99.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines support up to 10 sessions as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no indication of deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal aquatic therapy. Additionally, there is no documentation indicating why the

patient would require therapy in a reduced weight-bearing environment Furthermore, the requested number of sessions is not identified and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.

PT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the requested number of sessions is not identified and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.