MAXIMUS Federal Services

Case Number:	CM14-0020008		
Date Assigned:	04/28/2014	Date of Injury:	12/19/2012
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticutt, and Texas. 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 41 year old female whose date of injury is 12/19/12. On this date, a door shut in her face; she sustained injuries to her nose, forehead, neck, and head. Treatment to date has included medication management, TENS, physical therapy, acupuncture, and chiropractic treatment. A progress report dated 4/7/14 indicates that the injured worker returned to work on 3/27/14 and has noted an increase in pain and return of numbness in the right hand. The injured worker continues to note benefit from Lidoderm patches for neuropathic burning pain in the left posterior arm and elbow, as well as lancinating shooting pain in the right upper extremity. The injured worker utilizes Lidoderm patches over her neck and trapezius (two patches per day). The injured worker has previously failed neurontin, cymbalta, and Lyrica. On physical examination, cervical range of motion is flexion 35, extension 40, right rotation 50, and left rotation 40 degrees. The injured worker has marked decrease in grasp strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

Decision rationale: The provided records indicate the injured worker receives significant benefit from the Lidoderm patches and has reduced levels of neuropathic pain as a result. As such, the request is medically necessary.

PURCHASE OF TENS ELECTRICAL STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117.

Decision rationale: The submitted records indicate that the injured worker has utilized a TENS unit; however, there are no objective measures of improvement documented to establish efficacy of treatment and support purchase of the unit, as required by the California MTUS guidelines. There are also no specific, time-limited treatment goals provided as required by the guidelines. As such, the request is not medically necessary.

AQUATIC REHABILITATION, 2X4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The submitted records indicate that the injured worker has improved with land-based physical therapy. The California MTUS guidelines note that aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example in the case of extreme obesity. There is no clear rationale provided as to why reduced weight bearing is desirable. There are no specific, time-limited treatment goals provided. As such, the request is not medically necessary.