MAXIMUS Federal Services

Case Number:	CM14-0023226		
Date Assigned:	05/14/2014	Date of Injury:	08/02/2013
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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 30 year-old male who has reported developing low back pain caused by sitting, with a listed injury date of 8/2/13. He has been diagnosed with lumbar strain and radiculopathy. Initial treatment included Medrol, physical therapy, and prolonged temporarily totally disabled work status. 9 visits of physical therapy were prescribed on 8/7/13, and were completed by 9/4/13. At least 3 more physical therapy visits were completed during September 2013, apparently from a prescription for 9 more physical therapy visits. There are no reports of specific symptomatic and functional benefit from the physical therapy visits. The current primary treating physician began treating the injured worker in September 2013. As of 10/7/13 and 11/18/13 topical patches were prescribed. According to the 1/13/14 orthopedic report, there was increased pain. The treatment plan included an epidural steroid injection, physical therapy 12 visits, and Lidoderm. Work status was temporarily totally disabled. The physical therapy request did not contain any information about the content or goals of therapy. There was no discussion of the prior courses of physical therapy.On 2/7/14, Utilization Review certified 4 of 12 physical therapy visits and non-certified Lidoderm. Note was made of 9 physical therapy sessions certified in September 2013 and the Official Disability Guidelines recommendations. The injured worker was noted to lack the MTUS indications for Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 (12 SESSIONS) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS. The injured worker has completed at least 12 visits to date, and the MTUS recommends up to 10 visits. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the physical therapy completed to date. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy, as the patient is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Additional Physical Medicine is not medically necessary based on the MTUS recommendations, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

LIDOCAINE PATCHES: Upheld

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; Topical Analgesics Page(s): 56-57.

Decision rationale: Topical lidocaine (Lidoderm patch) is indicated for post-herpetic neuralgia, according to the manufacturer. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain (which is not radiculopathy), or that he has failed the recommended oral medications. Lidoderm is not medically necessary based on the MTUS.