

Case Number:	CM14-0026316		
Date Assigned:	06/13/2014	Date of Injury:	08/20/2010
Decision Date:	07/23/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/03/2014

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:

The patient is a 47 year old female who was injured on 08/20/2010 with an unknown mechanism of injury. Prior treatment history has included local injection in the right plantar area on 01/14/2014, which helped reduce her burning pain. Prior medication history included Neurontin, Mobic 7.5 mg, Neurontin 10 mg, Voltaren Gel, Lidoderm patch and Flector patch that she been taking as of 08/08/2013. The patient underwent internal neurolysis of the right posterior tibial nerve and decompression of lateral plantar, medial plantar and the calcaneus nerves on 07/11/2012. Diagnostic studies reviewed include EMG/NCS of the upper extremity dated 09/05/2013 revealed absent/prolonged ulnar F wave on the right and partial right medial cord motor plexopathy. There is a right C4/C5 cervical radiculopathy versus an upper cord/trunk brachial plexus (right) dysfunction. Bilateral MRI/MRA/MRV dated 12/21/2010 revealed 1) Kyphosis of the thoracic 2) Markedly compressed bicuspid valve within the right subclavian vein 3) Fibrosis versus entanglement of the right anterior scalene and middle scalene muscles 4) Bilateral costoclavicular compression of the bicuspid valve within the draining veins of the neck, supraclavicular fossa with lymphatics and compression of the subclavian and axillary arteries with binding nerves and 5) Bilateral abduction external rotation of the upper extremities captured images and triggered complaints. A progress report dated 01/14/2014 indicated the patient complained of significant neck pain that radiated to her shoulder down to the right hand in the ulnar distribution that has been associated with increased weakness and numbness sensation of the right hand, 4th and 5th fingers. She reported right-sided headaches and increased muscle spasm. She stated she has difficulty with activities of daily living. Objective findings on exam revealed motor strength of 3+/5 of the right finger flexors and intrinsic muscles of the right hand. There was decreased sensation in the 4th and 5th fingers and her foot on the left side. Deep tendon reflexes were symptomatic; Positive Tinel's sign of the right brachial plexus. Adson and

Roos tests were positive. When elevating her arm, there was increased weakness and numbness of the right hand. There was positive Tinel's sign in the distribution of the left posterior tibial and plantar nerves in the medial aspect of the left foot. Impressions are right posttraumatic thoracic outlet syndrome and plantar fasciitis bilaterally with compression of the posterior tibial and the plantar nerves on the left side. The treatment and plan included a request for laser treatment and physical therapy twice a week for 6 weeks. A prior utilization review dated 01/29/2014 states the request for decompression of right brachial plexus and [REDACTED] was not certified as there is no documented failure of conservative options such as physical therapy. The request for 12 sessions of laser treatment was not certified as laser treatment is not recommended by the guidelines and the request for 12 sessions of physical therapy was not approved as the number of sessions requested exceeds the number recommended by the guidelines. 1 prescription of Neurontin, 1 motorized electric wheelchair, 1 prescription of Mobic 7.5 mg, 1 prescription of Lidoderm, 1 prescription of Flector patches, 1 prescription of Protonix 40 mg were not certified as there was no documented functional improvement or improvement in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DECOMPRESSION OF THE RIGHT BRACHIAL PLEXUS AT [REDACTED] (INPATIENT 1 DAY): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Thoracic Outlet Syndrome (TOS).

Decision rationale: According to the ACOEM Guidelines, patients with Thoracic Outlet Syndrome (TOS) will respond to a conservative program of global shoulder strengthening and ergonomic changes. According to the ODG, surgery for Thoracic Outlet Syndrome (TOS) may be recommended if conservative care including physical therapy leading to home exercise for a minimum of 3 months has failed. The medical records document the patient was diagnosed with neurogenic TOS, which is supported by MRI findings dated 12/21/2010, though the original report is not provided. However, EMG/NCS dated 9/5/2013 does not demonstrate denervation of muscles innervated by the lower trunk of the brachial plexus, a criterion of ODG guidelines for surgery. The study suggests C4/5 cervical radiculopathy versus upper cord/trunk brachial plexus dysfunction on the right, yet there is no discussion of prior cervical spine work-up. Further, provided medical records do not establish progressive weakness, atrophy, or neurologic dysfunction as physical examination findings remain unchanged. As such, the request is not medically necessary and appropriate.

12 PHYSICAL THERAPY VISITS FOR PLANTAR FASCIITIS AND THE IRRITATION AND COMPRESSION OF THE POSTERIOR TIBIAL AND THE PLANTAR NERVES: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, physical medicine is recommended for 9-10 sessions over 8 weeks for acute exacerbations of chronic pain. The medical records document the patient was diagnosed with planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient apparently received over 50 physical therapy sessions in the past, but the records fail to document clinical significant functional improvement. Further, the number of requested physical medicine sessions exceeds what is recommended in the MTUS Chronic Pain Guidelines for acute exacerbations of chronic pain. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF NEURONTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs (AEDs) Page(s): 49, 16-19.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient had been taking Gabapentin on a chronic basis. However, medical records do not establish clinically significant functional improvement or pain reduction due to use of this medication. As such, the request is not medically necessary and appropriate.

1 MOTORIZED ELECTRIC WHEELCHAIR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Power mobility devices (PMDs).

Decision rationale: According to the ODG, power mobility devices (PMDs) are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual

wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally. However, medical records fail to objectively establish that the patient cannot ambulate. 3/15/12 EMG/NCS of the lower extremities was apparently normal. There is no documentation of lower extremity weakness. Further, the patient appears to have sufficient upper extremity strength to use a walker or manual wheelchair, which does not appear to have been tried in the past. Medical necessity is not established. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF MOBIC 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: According to the MTUS Chronic Pain Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended in cases of osteoarthritis at lowest doses for shortest period in patient with moderate to severe pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient has been taking Mobic on a chronic basis. However, there is no documentation of clinically significant functional improvement or pain reduction due to use of this medication. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF VOLTAREN GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical NSAIDs are recommended for short-term use (4-12 weeks) in osteoarthritis and tendinitis, particularly, that of the knee and elbow or other joints that are amenable to topical treatment. They are not recommended for neuropathic pain. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient has been prescribed Voltaren gel on a chronic basis without documentation of clinically significant functional improvement or pain reduction. Further, long-term use is not recommended, and use is not recommended for neuropathic pain. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient has been prescribed Lidoderm on a chronic basis. However, medical records do not establish clinically significant functional improvement or pain reduction due to use of this medication. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF FLECTOR PATCHES: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical NSAIDs are recommended for short-term use in osteoarthritis and tendinitis, particularly, that of the knee and elbow or other joints that are amenable to topical treatment. They are not recommended for neuropathic pain. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. The patient has been prescribed Flector patches on a chronic basis without documentation of clinically significant functional improvement or pain reduction. Further, long-term use is not recommended, and use is not recommended for neuropathic pain. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF PROTONIX 40 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, PPIs are recommended for patients who are at intermediate or high risk for gastrointestinal events due to use of NSAIDs. The medical records document the patient was diagnosed with right thoracic outlet syndrome and

planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. Medical records do not document intermediate or high risk for gastrointestinal events nor does chronic NSAID use appear to be warranted in this case. As such, the request is not medically necessary and appropriate.

12 LASER TREATMENTS FOR PLANTAR FASCIITIS AND THE IRRITATION AND COMPRESSION OF THE POSTERIOR TIBIAL AND THE PLANTAR NERVES:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Low-Level Laser Therapy (LLLT) is not recommended. There has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts. The medical records document the patient was diagnosed with right thoracic outlet syndrome and planter fasciitis bilaterally with compression of the posterior tibial and the planter nerves on the left side. A request is made for 12 laser treatments for planter fasciitis and nerve compression. However, the MTUS Chronic Pain Guidelines do not recommend this treatment modality. As such, the request is not medically necessary and appropriate.