

<b>Case Number:</b>	CM14-0036862		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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:

There were 37 pages provided for this review. The application for independent medical review was signed on March 26, 2014. A follow-up appointment had been certified, however, several other requests were non certified. Per the records provided, the patient is described as a 62-year-old woman who was injured back in the year 1998, now about 16 years ago. She had a C5-C6 fusion in 1999 and a C4-C6 fusion in 2007. She also had a right shoulder arthroscopic decompression and distal clavicle resection in 2010. The doctor saw the patient on January 8, 2014 for an orthopedic follow-up. She reported headaches, neck and right shoulder pain. The exam found tenderness and decreased range of motion of the neck and the right shoulder. The liver profile was normal. The diagnoses were right frozen shoulder, residuals of right carpal tunnel release, and he prescribed Lidoderm initially and also aquatic therapy for the cervical spine. Authorization was pending for a neck CT and neurology consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT SCAN OF THE CERVICAL 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 (Neck)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, under Cervical Spine CT.

**Decision rationale:** The MTUS is silent. The ODG cite the following regarding CT imaging of the cervical spine: Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Indications for imaging -- CT (computed tomography):- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films with neurological deficit I did not find any equivocal plain films, or objective neurologic signs or progressive signs that would drive advanced CT imaging. The request was appropriately non-certified.

**X-RAYS OF THE CERVICAL SPINE:** 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) Neck section, under Radiography.

**Decision rationale:** The MTUS is silent on chronic plain x-ray services. The ODG notes in the neck section, under Radiography that imaging is not recommended in patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. I again did not find the claimant met any of these criteria; it is not clear how the clinical course could change at this point based on plain x-rays. The request was appropriately not certified.

**LIDODERM PATCHES 5% #30:** 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 Page(s): 56.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. It is not clear the patient had forms of neuralgia, and that other agents

had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.

## **12 SESSIONS OF AQUATIC THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regard aquatic therapy.

**Decision rationale:** The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Specifically regarding aquatic therapy, the guides note under Aquatic Therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weightbearing. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, warm water aquatic therapy twice weekly for four weeks was appropriately non-certified.

## **NEURO CONSULT:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified.