

Case Number:	CM14-0070450		
Date Assigned:	07/14/2014	Date of Injury:	09/29/2012
Decision Date:	08/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Interventional Spine 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 37 year old with an injury date on 9/29/12. Patient complains of headaches, pain in the neck, pain in the mid/upper/lower back, and increasing left elbow/forearm pain per 4/23/14 report. Patient also has worsening pain/numbness in left wrist/hand per 4/23/14 report, but physical therapy helps decreased pain/tenderness, and his overall functioning has improved by 10%. Exam on 4/23/14 showed Grade 2-3 tenderness to palpation over paraspinal muscles in C-spine and T-spine. Cervical compression test is positive. Grade 2 tenderness to palpation over paraspinals, which has decreased since last visit. Straight leg raise test is positive bilaterally. Left elbow/forearm/wrist has grad 2-3 tenderness to palpation. Range of motion of left wrist is restricted. [REDACTED] is requesting physical therapy two times a week for 6 weeks cervical spine thoracic spine lumbar spine and left wrist, Terocin patches, and a home exercise kit. The utilization review determination being challenged is dated 5/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/16/13 to 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks cervical spine thoracic spine lumbar spine and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, pages 98-99.

Decision rationale: This patient presents with neck pain, back pain and left elbow/forearm pain and is s/p interlaminar laminotomy at L4-L5 level, bilateral, from 7/17/13. The treater has asked for physical therapy two times a week for 6 weeks cervical spine thoracic spine lumbar spine and left wrist on 4/23/14. Review of the report shows patient had 56 session of physical therapy for the L-spine and wrist per 2/17/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given that the patient had 56 sessions of therapy, it would appear that the patient has had adequate therapy thus far. The treater does not discuss why additional therapy needed other than for pain. The patient is s/p post-operative time-frame and on-going therapy is not indicated. The request is not medically necessary.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm Section, pages 56-57 and the Topical Analgesics Section, pages 111-113.

Decision rationale: This patient presents with neck pain, back pain and left elbow/forearm pain and is s/p interlaminar laminotomy at L4-L5 level, bilateral, from 7/17/13. The treater has asked for Terocin patches on 4/23/14. Terocin patch is lidocaine with menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. In this case, the treater does not explain what this patch is used for. While the patient presents with radicular symptoms, the this is not localized neuropathic pain but diffuse peripheral pain. The use of lidocaine patch would not be indicated in this patient. The request is not medically necessary.

Home exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with neck pain, back pain and left elbow/forearm pain and is s/p interlaminar laminotomy at L4-L5 level, bilateral, from 7/17/13. The treater has asked for a home exercise kit on 4/23/14 but request does not specify what the exercise kit is for. ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. In this case, the treater does not explain for what condition the exercise kit is to be used for. The long list of diagnoses do not include shoulder or knee conditions. The request is not medically necessary.