

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0188320 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 01/29/2014 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 & Rehabilitation, 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 46-year-old female sustained a work related injury on 1/29/2014. The mechanism of injury was reported to be injury from holding her gun belt with the right hand and twisting to the left side to grab the other end of the gun belt, causing pain in her neck and back. The current diagnosis is herniated nucleus pulposus of the cervical spine. According to the progress report dated 9/29/2014, the injured workers chief complaints were neck pain with tightness and stiffness radiating into the right shoulder, shoulder blade, and ring and little fingers. Additionally, she reported numbness down the right arm to the ring and little fingers. On a subjective pain scale, pain was rated 5/10. The physical examination of the cervical spine revealed tenderness in the right cervical paraspinal musculature and right trapezium. Range of motion was slightly decreased. On this date, the treating physician prescribed physical therapy and Lidoderm patches 5%, which are now under review. Medication list includes Robaxin, Ibuprofen, and Xanax. On 6/17/2014 the injured worker underwent an MRI of the cervical spine, which revealed a 2-mm central posterior disc bulge C3-4, a 2-mm posterior disc protrusion C4-5, a 3-mm anterior disc protrusion, a 3- to 4-mm posterior disc protrusion/extrusion with possible sequestration of the disc and with annular tear and compromise of the existing nerve roots bilaterally, a 2-mm anterior disc protrusion, and a 2-mm posterior disc protrusion C6-7. On 8/25/2014, an EMG/NCS of bilateral upper extremities was performed and showed no evidence of cervical radiculopathy, brachial plexopathy, or peripheral nerve entrapment on the right. Sensory and motor nerve conduction testing is well within normal limits, with the exception of a borderline abnormality involving a single special carpal tunnel study on the right. When physical therapy and Lidoderm was prescribed, work status was temporarily totally disabled. On 10/17/2014, Utilization Review had noncertified a prescription for physical therapy of the cervical spine and Lidoderm patches 5%. The physical therapy of the cervical spine was

noncertified based on undetermined relatedness of this condition to the industrial injury. The Lidoderm patches were noncertified based on no documentation that there is intolerance to oral medications. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Cervical) 2 Times A Week for 3 Weeks: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends fading of treatment frequency plus active self-directed home physical medicine. This patient would be anticipated to have transitioned by now to an independent home rehabilitation program. A rationale or indication instead for additional supervised therapy is not apparent. This request is not medically necessary.

Prospective Usage of Lidoderm Patches 5 Percent #30 with 3 Refills: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics recommends that topical Lidocaine is indicated only for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy. The records do not clearly outline such localized peripheral neuropathic pain. The rationale and indication overall with this treatment is not apparent from the records and guidelines. This request is not medically necessary.