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| Case Number: | CM14-0192286 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 01/05/2014 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 1/5/14. The diagnoses include cervical spine strain/sprain/whiplash; right upper extremity radiculopathy; thoracic spine sprain/strain; lumbar spine sprain/strain; bilateral lower extremity radiculopathy. Under consideration are requests for Physical therapy two times three cervical and lumbar spine; Acupuncture two times six cervical and lumbar spine; magnetic resonance imaging (MRI) lumbar spine; Lido Cream. There is a 7/9/14 document which states that the patient states that she had over 30 chiropractic visits without relief. She was then referred to a pain center and was pain medications and referred to a physical therapist as well. She reports that she completed her physical therapy but again felt little to no relief from the treatment. The patient reports that she continued following up with both doctors and was eventually referred for an MRI of her neck. She reports that after seeing the results of the study she was told that she was a candidate for an epidural injection in her neck which she reports that she has not undergone yet. She remains symptomatic. The patient is not currently working; she is looking for work. Cervical x-rays dated 7/9/14 revealed 1. Reversal of the cervical lordosis with restricted range of motion on extension view, which may reflect an element of myospasm. 2. Degenerative marginal osteophytes off the anterior inferior endplates of C3 and C4 and the anterior superior endplates of C4 and C5. 3. Curvilinear density anterior to disc level C4-C5. This may reflect ligamentous Calcification. X-rays of the Lumbar Spine (Flexion and Extension). 7/9/14: Technique: AP and lateral and bilateral oblique as well as a coned down lumbosacral junction plain film views of the lumbar spine were performed and revealed unremarkable lumbar spine study. The treatment plan included physical therapy three times a week for four weeks and acupuncture two times a week for six weeks to the cervical/thoracic/lumbar spine. There is a 10/30/14 progress note that states

that the patient reports improved cervical spine pain with acupuncture and physical therapy. Pain is 5/10. She is able to move her head easier now. The low back pain is an 8/10 with the back brace. She states that the drive increased her pain today. Her left shoulder blade still has spasms. On exam there is no functional change since last examination. The treatments requested include physical therapy two times three weeks and acupuncture two times six weeks to cervical and lumbar spine. There is a request for a lumbar MRI and Lido cream. The patient is on temporary total disability for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back Procedure Summary

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

Decision rationale: Physical therapy two times three cervical and lumbar spine is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that up to 10 visits for this condition are recommended with transition to an independent home exercise program. The documentation indicates that the patient had 6 physical therapy visits authorized on 10/22/14. There is no evidence of functional improvement from these sessions. It is unclear whether the patient performs a regular home exercise program. The documentation is also not clear on how many total physical therapy visits the patient has had since her injury. Without this information and with no clear evidence of functional improvement additional therapy cannot be certified. The request for physical therapy 2 x 3 cervical and lumbar spine is not medically necessary.

Acupuncture 2 x 6 cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture sessions (lumbar) two times six is not medically necessary per the California MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation is not clear on prior acupuncture treatments and outcome. Without clear indication of the amount of prior acupuncture and the efficacy as well as

the fact that the request exceeds guideline recommendations the request for acupuncture is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems-MRIs (magnetic resonance imaging)

Decision rationale: Magnetic resonance imaging (MRI) lumbar spine is not medically necessary per the ACOEM MTUS and the Official Disability Guidelines (ODG). The California MTUS recommends that imaging studies be reserved for cases in which surgery is considered, or if there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal a red flag diagnoses. The request for a lumbar Magnetic resonance imaging (MRI) is not medically necessary. The ODG states that a lumbar MRI should be reserved for red flag diagnoses, progressive neurologic deficits, and trauma. The physical exam does not reveal a red flag diagnoses or neurological deficit. It is unclear how a repeat MRI would change her medical management. The request for MRI lumbar is not medically necessary.

Lido cream: Upheld

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

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

Decision rationale: Lido cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation does not indicate intolerance to oral medications. The documentation does not indicate extenuating circumstances that would necessitate going against guideline recommendations and using Lido cream. The request does not indicate a strength or quantity. The request for Lido cream is not medically necessary.