

<b>Case Number:</b>	CM14-0194919		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old female with a 2/11/14 date of injury. At the time (9/30/14) of request for authorization for Chiropractic treatment for bilateral shoulders 2 times a week for 4 weeks, Ergonomic work station, and Lidoderm 5% patch 12 hours on 12 hours off, #30, there is documentation of subjective (neck pain that radiated to the bilateral upper extremities, thoracic back pain that radiated to the chest wall, and upper extremity pain in the right elbow) and objective (tenderness to palpation over the trapezius muscles bilaterally and left paravertebral C4-7 area, decreased range of motion of the cervical spine, and tenderness to palpation over the thoracic paravertebral region bilaterally, right elbow, and bilateral shoulders) findings, current diagnoses (chronic pain, cervical radiculopathy, cervical strain/sprain, thoracic spine strain/sprain, right elbow pain, and bilateral shoulder pain), and treatment to date (Acupuncture, cervical epidural steroid injection, and medications (including ongoing treatment with Lidoderm patches since 6/24/14)). Medical reports identify a request for Ergonomic work station in order to increase writing space; and a previous Ergonomic worksite evolution that was conducted on 7/25/14 with no indication for an increase in writing space. Regarding Chiropractic treatment for bilateral shoulders 2 times a week for 4 weeks, it cannot be determined if this is a request for initial or additional chiropractic treatment. Regarding Lidoderm 5% patch, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for bilateral shoulders 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation

**Decision rationale:** MTUS reference to ACOEM identifies documentation of frozen shoulder or thoracic outlet compression symptoms. ODG allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. Within the medical information available for review, there is documentation of diagnoses of chronic pain, cervical radiculopathy, cervical strain/sprain, thoracic spine strain/sprain, right elbow pain, and bilateral shoulder pain. However, given documentation of a 2/11/14 date of injury, where there would have been an opportunity to have had previous Chiropractic treatments, it is not clear if this is a request for initial or additional (where Chiropractic treatments provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) Chiropractic treatments. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment for bilateral shoulders 2 times a week for 4 weeks is not medically necessary.

**Ergonomic work station: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 462, Chronic Pain Treatment Guidelines General Industry Safety Orders Page(s): 458.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of injuries from a repetitive job, process, operation or similar work activity at the workplace which have been the predominant cause of a diagnosed, objectively identified, musculoskeletal injury to more than one employee within the last 12 months, as criteria necessary to support the medical necessity of an ergonomic evaluation. In addition, MTUS reference to ACOEM identifies that complaints of workplace discomfort should be evaluated for ergonomic modifications as part of the treatment program and Careful ergonomic re-analysis of the job is indicated if the individual fails to improve. Within the medical information available for review, there is documentation of diagnoses of chronic pain, cervical radiculopathy, cervical strain/sprain, thoracic spine strain/sprain, right elbow pain, and bilateral shoulder pain. In addition, there is documentation of a request for Ergonomic work station in order to increase writing space. However, given documentation of a previous Ergonomic worksite evolution that was conducted on 7/25/14 with no indication for an increase in writing space, there is no documentation of the medical necessity of the current requested Ergonomic work station.

Therefore, based on guidelines and a review of the evidence, the request for Ergonomic work station is not medically necessary.

**Lidoderm 5% patch 12 hours on 12 hours off, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain, cervical radiculopathy, cervical strain/sprain, thoracic spine strain/sprain, right elbow pain, and bilateral shoulder pain. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm Patches, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patch 12 hours on 12 hours off, #30 is not recommended.