

Case Number:	CM14-0196122		
Date Assigned:	12/02/2014	Date of Injury:	09/15/2010
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Management, 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 53-year-old male with date of injury of 09/15/2010. The listed diagnoses from 08/13/2014 are: 1. cervical spondylosis.2. Cervical spine spondylosis with myelopathy.3. Cervical spine herniated nucleus pulposus.4. Cervical disk degeneration.5. Unspecified disk disorder of the cervical region.6. Status post ACDF Surgery from 03/11/2013 According to this report, the patient is postop visit of the cervical spine. He continues to report cervical spine pain at a rate of 7/10. He reports tingling sensation in his right hand, which mainly occurs in his right forearm. The patient is currently working on partial duty. He complains that the pain radiates down the right buttocks and into his right thigh. The examination shows a well-healed cervical spine incision. There is decreased sensation in the area of incision. Paraspinal musculature is tender to palpation along the left lower cervical paraspinal muscles and trapezius. Range of motion is painful. There is decreased sensation over the right C6, C7, C8 levels. Positive carpal compression on the right would increase numbness in the thumb/index finger. Tenderness over the paraspinals bilaterally over L4-L5 and L5-S1 facets. The documents include an AME report from 05/23/2014 and 06/19/2014 and progress reports from 02/06/2014 to 09/15/2014. The utilization review denied the request on 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Physical Therapy (2x for 4 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: This patient presents with cervical spine pain. The patient is status post ACDF surgery from 03/11/2013. The treater is requesting 8 SESSIONS OF PHYSICAL THERAPY (2X4 WEEKS). The patient's surgery is from 2013 and postsurgical guidelines do not apply. For physical medicine outside postoperative guidelines, MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The AME report from 06/19/2014 noted that the patient attended 24 physical therapy sessions in 2013. The records do not show any physical therapy report to verify the number of treatments the patient has received thus far and with what results. The 07/28/2014 report notes that the patient continues to complain of low back pain radiating down the right leg. The 08/13/2014 report shows tingling sensation to his right hand/forearm. He also complains of pain down the right buttock into the right thigh. In this case, the patient has not had therapy since 2013 and given his symptoms, a short course of physical therapy is supported by the MTUS Guidelines. The request is medically necessary.

Right Facet Injections to L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine Facet joint diagnostic blocks, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet joint diagnostic blocks (injections)

Decision rationale: This patient presents with cervical spine pain. The patient is status post ACDF surgery from 03/11/2013. The treater is requesting a RIGHT FACET INJECTION TO THE L3-L4, L4-L5, and L5-S1. The ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The AME report from 06/19/2014 references an MRI of the lumbar spine from 02/25/2013 that showed multilevel degenerative changes of the lumbar spine with mild spinal canal stenosis at L3-L4 and L4-L5. Up to 2-mm AP right foraminal zone disk protrusion at L3-L4 superimposed upon disk bulge with moderate right neuroforaminal stenosis. The records do not show any previous facet injections to the lumbar spine. The 08/13/2014 report shows tenderness over the paraspinals at L4-L5 and L5-S1 facets. However, the patient does note radiating symptoms down the right buttock into the right leg. In this case, the ODG Guidelines do not support facet diagnostic evaluations for patients with radicular symptoms and the requested 3 levels exceed guidelines. The request is not medically necessary.

Flurbiprofen/Lidocaine Cream: Upheld

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

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

Decision rationale: This patient presents with cervical spine pain. The patient is status post ACDF surgery from 03/11/2013. The treater is requesting FLURBIPROFEN/LIDOCAINE CREAM. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS on Lidocaine also states that no commercially-approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The records do not show a history of Flurbiprofen/Lidocaine cream use. In this case, Lidocaine is not supported in formulations other than a patch form. The request is not medically necessary.