MAXIMUS Federal Services

Case Number:	CM14-0197217		
Date Assigned:	12/05/2014	Date of Injury:	10/23/2009
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 injured worker is a 58 year old female with a date of injury as 10/23/2009. The cause of injury was not included in the documentation. The current diagnoses include sprains and strains of unspecified site of shoulder and upper arm, rotator cuff syndrome of shoulder, spondylolisthesis, chondromalacia of patella, and localized osteoarthritis of the primary lower leg. Also in the documents was evidence of diagnoses of carpal tunnel syndrome of both wrists and lumbar disc disease with radiculopathy. Previous treatments include multiple medications which include oral and topical, chiropractic treatments, home exercise program, electrical muscle stimulation, neoprene brace, left shoulder injection, 3 right knee Synvisc injections. Primary treating physicians report dated 04/04/2014, 07/11/2014, and 10/08/2014, Agreed Medical Evaluation dated 12/04/2012, and a work status report dated 10/08/2014 was included in the documentation submitted for review. On 4/4/14, the worker reported to her primary treating physician that her chiropractor treatments (3 in number) provided "slight improvement," with some improvements in her ability to perform activities of daily living such as her exercises, cooking, and walking 2 blocks instead of one block. The primary treating physicians report dated 10/08/2014 noted that the injured worker presented with complaints that included flare-ups of her lumbar spine times 4-5 weeks, pain was rated as 8-9 out of 10, and described as moderate, constant, sharp with numbness and weakness. The injured worker did present with an additional complaint but this was not legible. Physical examination revealed increased tenderness of the paravertebral muscles and moderate spasm, straight leg test was positive bilaterally, positive Yeoman's sign on the left, decreased Range of Motion (ROM), and decreased sensation in the (neck and shoulder?). The remainder of the physical examination was not legible. The treatment plan consisted of continuing with chiropractic treatments, a consultation with a rheumatologist, and prescriptions for Voltaren XR, Fexmid, and Lidoderm patch. The amount of the previous

prescribed chiropractic treatments was not made known, nor was the number of chiropractic treatments completed to date. There was no documentation submitted from the previous chiropractic treatments. The utilization review noted that the injured worker has had a Magnetic Resonance Imaging (MRI) of the lumbar spine and a Magnetic Resonance Imaging (MRI) of the left shoulder; no reports were included in the submitted documentation. The injured worker is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% prescribed on 10/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was some older evidence for radicular type pain from her lumbar spine; however, this was not clear from the most recent notes provided. Regardless, there was no evidence found in the notes provided for review showing this worker tried and failed first line therapy for neuropathic pain, if this was a true diagnosis for this worker. Therefore, the Lidoderm patches are not medically necessary.

Additional chiropractic treatment 2x3 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not

recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was evidence of prior treatments of chiropractor visits (at least 3 or more) with a report of functional improvements afterwards, however slight. There was not sufficient documentation provided from the first years following her injury in 2009 which would allow the reviewer to learn of what other treatments were used then. Considering the worker was reportedly not working, and it is not clear if the worker had already used her maximum reasonable sessions with a chiropractor before this request, the additional six chiropractic sessions are not medically necessary.