

Case Number:	CM14-0202410		
Date Assigned:	01/27/2015	Date of Injury:	10/15/2005
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 15, 2005. In a utilization review report dated December 2, 2014, the claims administrator denied a psychiatry consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines, which are mislabeled as originating from the MTUS; denied a spine consultation, again invoking non-MTUS Chapter 7 ACOEM Guidelines which are mislabeled as originating from the MTUS; denied a hot and cold wrap; denied 12 sessions of physical therapy; denied a traction device; denied bilateral upper extremity electrodiagnostic testing; and denied topical Terocin patches; and denied LidoPro cream. The claims administrator referenced a progress note and RFA form dated October 14, 2014, in its determination. The applicant's attorney subsequently appealed. In a Medical-Legal Evaluation dated August 21, 2014, the applicant reported ongoing complaints of low back pain. It was suggested that the applicant was working in an administrative role with a 40-pound lifting limitation in place. The applicant had apparently returned to work in September 2013 after a protracted period of total temporary disability between February 2007 and September 2013. On October 14, 2014, the applicant reported persistent complaints of neck, low back, and shoulder pain. The applicant was status post shoulder surgery, it was noted. The applicant was reportedly working for his current employer. The attending provider stated that the applicant had MRI imaging of the cervical spine demonstrating disc protrusions at C5-6 and C6-7. The attending provider stated that the applicant had shooting pain about the C6 dermatome. The attending provider stated that the applicant had issues with GI irritation. The

attending provider then stated that the applicant was depressed owing to his chronic pain complaints. The attending provider stated that the applicant had been depressed for sometime. The applicant had reportedly gained 80 pounds, reportedly attributed to his chronic pain complaints. A psychiatry consultation was endorsed, along with a traction device, 12 sessions of physical therapy, Terocin patches, and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 , page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if mental health issues persist beyond three months, referral to a mental health professional is indicated. Here, the requesting provider has posited that the applicant has had symptoms of chronic pain-induced depression for a span of several months to several years. Obtaining the added expertise of a physician specializing in such issues, namely a psychiatrist, thus, was/is indicated. Therefore, the request was medically necessary.

Spine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist's evaluation is necessary. Here, the applicant has longstanding, multifocal pain complaints, which includes the neck, shoulder, and head. The requesting provider stated on October 14, 2014 that he wished the applicant to consult a spine specialist (a.k.a. physiatrist) to determine the applicant's suitability for interventional spine procedures involving the neck and/or low back. This was indicated given the longstanding nature of the applicant's complaints. Therefore, the request was medically necessary.

Hot and cold wrap: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 199, 299.

Decision rationale: The request in question appeared to represent a request for simple, low-tech reusable hot and cold pack. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 and the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174, at home local applications of heat and cold are recommended as methods of symptom control for low back, neck, upper back complaints, as were/are present here. Introduction of the simple, low-tech hot and cold wrap/reusable hot and cold pack at issue was indicated to combat the applicant's ongoing neck and low back pain complaints. Therefore, the request was medically necessary.

Lumbar physical therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 9 to 10-session course recommended on page 99 in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant has returned to regular duty work and was described as having minimal residual physical impairment on the October 14, 2014 office visit, referenced above. The applicant should, thus, be capable of transitioning to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, without the lengthy formal course of treatment proposed here. Therefore, the request was not medically necessary.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Postsurgical Treatment Guidelines Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction, the modality at issue, is "not recommended." Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Bilateral upper extremity EMG/NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for a diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, the attending provider stated that the applicant had ongoing complaints of neck pain radiating into the left arm evident on the October 14, 2014 office visit, referenced above. The attending provider stated that the applicant had disc herniations at the C5-C6 and C6-C7 levels noted on earlier MRI imaging of the same which did, in his mind, account for the applicant's ongoing cervical radicular complaints and, furthermore, effectively obviating the need for the EMG/NCV testing at issue. It was/is not clearly stated why the attending provider needs to move forward with EMG/NCV testing of the bilateral upper extremities if the diagnosis in question, cervical radiculopathy, was already radiographically confirmed. Therefore, the request was not medically necessary.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide.

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin is indicated only as a last-line treatment, for applicants who have not responded to or are intolerant of other treatments. Here, the attending provider did not clearly identify any issues with intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin patches at issue. Therefore, the request was not medically necessary.

Lidopro cream x 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), LidoPro Medication Guide.

Decision rationale: LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there is no evidence of intolerance to and/or failure of first-line oral anticonvulsant adjuvant medications and/or oral antidepressant adjuvant medications so as to justify introduction, selection, and/or ongoing usage of the lidocaine-containing LidoPro compound at issue. Therefore, the request was not medically necessary.