

Case Number:	CM15-0108432		
Date Assigned:	06/15/2015	Date of Injury:	01/25/2005
Decision Date:	07/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 66 year old female sustained an industrial injury to the neck and low back on 1/25/05. Recent treatment included medications. In a PR-2 dated 2/9/15, the physician stated that the injured worker had never had physical therapy. In a PR-2 dated 5/15/15, the injured worker complained of ongoing neck and low back pain with mild radiation to the upper and lower extremities. The injured worker rated her pain 6-7/10 on the visual analog scale. The injured worker reported that she had a cane and it broke. Physical exam was remarkable for cervical spine with painful extension, mildly positive head compression sign, extreme tightness in the levator scapula musculature and a knot of muscle in a trigger area along the trapezius. Manual traction provided a slight amount of relief. Shoulder retraction produce discomfort. Current medications included Ibuprofen. Current diagnoses included cervical discopathy, bilateral carpal tunnel syndrome, left wrist sprain/strain, lumbar sprain/strain, lumbar discopathy, hip contusion, leg contusion and left knee contusion and strain. The treatment plan included a replacement cane and physical therapy twice a week for four weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation is not clear on exactly how much physical therapy the patient has had for her cervical spine and for her lumbar spine. Additionally, it is not clear why she cannot have the cervical and lumbar spine therapy concurrently. Without clarification of the amount of therapy and the outcome of therapy is the past and why she is not able to perform an independent home exercise program the request for physical therapy is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation is not clear on exactly how much physical therapy the patient has had for her cervical spine and for her lumbar spine. Additionally, it is not clear why she cannot have the cervical and lumbar spine therapy concurrently. Without clarification of the amount of therapy and the outcome of therapy is the past and why she is not able to perform an independent home exercise program the request for physical therapy is not medically necessary.

Flurbiprofen 25%/Lidocaine 5% in lipoderm base, #120gm (apply a thin layer to affected area twice daily as directed by physician): Upheld

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

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

Decision rationale: Flurbiprofen 25%/Lidocaine 5% in lipoderm base, #120gm (apply a thin layer to affected area twice daily as directed by physician). The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the

spine, hip or shoulder. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical NSAIDs are not indicated for the spine and the topical Lidocaine in non dermal patch formulation is not supported by the MTUS. There are no extenuating factors which necessitate going against guideline recommendations. For these reasons, the request for this topical analgesic is not medically necessary.