

Case Number:	CM15-0194542		
Date Assigned:	10/08/2015	Date of Injury:	09/17/2004
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 8-17-04. A review of the medical records indicates he is undergoing treatment for sacroiliitis, spasm of muscle, lumbago, thoracic or lumbosacral neuritis or radiculitis, chronic postoperative pain, pain in joint involving lower leg, post-laminectomy syndrome of lumbar region, status post spinal cord stimulator implant, hypothyroidism, lumbosacral spondylosis without myelopathy, sciatica, and degeneration of lumbar or lumbosacral intervertebral disc. Medical records (6-1-15 to 9-29-15) indicate ongoing complaints of low back pain, which radiates to his left lower extremity. He reports lumbar pain "2 out of 10" and left sciatica pain "3 out of 10." He reports that he had one episode of "sharp, stabbing pain" on the left side of his lower back, rating that "5-6 out of 10". He reports "it came on and off". He also complains of difficulty with sleep. Diagnostic studies have included x-rays of the thoracic and lumbar spine, three MRIs of the lumbar spine, two CT scans of the lumbar spine, a CT scan of the pelvis, and MRI of the right knee, and an EMG-NCV of bilateral lower extremities. Treatment has included use of ice and heat, "heat treatments", trigger point injections, a facet joint injection, a surgical L4-L5 posterior fusion in May 2014, lumbar epidural steroid injections on left L5-S1, S1, a disc implant in 2005, medications, physical therapy, and acupuncture. The physical therapy records (10-22-14 to 6-1-15) indicate at least 91 sessions of physical therapy have been completed. The records indicate that the injured worker has undergone acupuncture in the past, but no indication of the number of sessions is noted. The injured worker is noted to be working on 9-29-15. No effects of symptoms on activities of daily living are indicated in the reviewed records. The utilization review (9-29-15) includes requests for authorization of 9 sessions of physical therapy to the lumbar spine, 12 sessions of acupuncture to the lumbar spine, and Lidoderm patch 5% #60. Acupuncture was modified to a quantity of 6 sessions. Physical therapy and Lidoderm patches were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified; 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS); 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed over 70 sessions of physical therapy in the past- exceeding the amount recommended by the guidelines. Consequently, additional therapy sessions are not medically necessary.

12 acupuncture visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had completed an unknown amount of acupuncture and over 70 sessions of physical therapy in the past. Although it may be beneficial, additional acupuncture sessions are not a medical necessity.

Lidoderm patch 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for

localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was also on opioids and COX 2 inhibitors without reduction in use. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.