MAXIMUS Federal Services

Case Number:	CM15-0194633		
Date Assigned:	10/08/2015	Date of Injury:	10/17/2011
Decision Date:	12/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old female, who sustained an industrial injury on 10-17-11. The injured worker was diagnosed as having multilevel cervical spondylosis with sprain, thoracic sprain and strain, lumbosacral sprain and strain, lumbar discopathy at L4-S1, and left-sided sacroiliitis. Treatment to date has included epidural injections and physical therapy. On 7-24-15 physical examination findings included bilateral cervical paraspinal tenderness, decreased cervical spine range of motion, tenderness at L5-S1, and diffuse paraspinal tenderness along the thoracic spine. Lumbar spine range of motion was decreased in forward flexion and extension. The treating physician noted "she is currently experiencing difficulty and pain with all of her activities of daily living. She notes that she requires assistance with her personal hygiene activities of daily living." On 7-24-15 neck pain was rated as 4 of 10 and back pain was rated as 9-10 of 10. On 7-24-15 the treating physician noted the injured worker was not taking any medications. On 8-26-15, the injured worker complained of pain in the low back, bilateral lower extremities, right knee, and right shoulder. On 8-26-15 the treating physician requested authorization for Lidoderm 5% patches #30, a weight loss program x10 weeks, a MRI of the right knee, and a MRI of the right shoulder. On 9-15-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for the use of a Lidoderm patch to aid in pain relief. The MTUS guidelines state that its use is indicated for post herpetic neuralgia after an initial trial of an anti-epileptic medication. Further research is needed to recommend use for chronic neuropathic disorders besides post-herpetic neuralgia. In this case, the patient does not have a diagnosis documented which would justify the use of Lidoderm patches. As such, the request is not medically necessary.

Weight loss program for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The request is for participation in a weight loss program. The MTUS guidelines state the following regarding this topic: Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective. In particular, abdominal muscular strengthening to prevent low back pain is not supported by the existing evidence, whereas good aerobic condition is associated with a lower injury rate. Improving flexibility and strengthening of specific areas, such as the shoulder girdle, are recommended elsewhere (see Chapter 9, for example). An emphasis on aerobic conditioning may be appropriate to prevent musculoskeletal disorders. Aerobic fitness has other benefits as well, including improved productivity and job satisfaction. In this case, a weight loss program is not indicated. While modification of individual risk factors including weight loss is supported, there is no mention of specific weight loss programs as being more effective than self-directed activity. There is also no documentation of specific weight loss measures with results undertaken by the patient such as dietary modification or home exercise programs. As such, the request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)/MRI's (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the knee. The Official Disability Guidelines state the following regarding this topic: Indications for imaging MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated if additional study is needed; Non-traumatic knee pain, child or adult, Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain, Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult; non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening); Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) In this case, the study is not indicated. This is secondary to poor documentation of qualifying factors as listed above. As such, the request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/MRI.

Decision rationale: The request is for an MRI of the shoulder. The Official Disability Guidelines state the following regarding the qualifying indications: Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) In this case, this study is not indicated. This is secondary to inadequate documentation of qualifying indications as listed above. As such, the request is not medically necessary.