

Case Number:	CM15-0224346		
Date Assigned:	11/20/2015	Date of Injury:	10/01/2005
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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: North Carolina

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 51 year old male-female, who sustained an industrial-work injury on 10-1-05. The injured worker was diagnosed as having chronic pain syndrome, low back pain, lumbodiscogenic pain, lumbar radiculitis, lumbar facet pain, myofascial pain, neck pain, cervical degenerative disc disease, cervical radiculitis, carpal tunnel syndrome, bilateral ulnar nerve pain, left knee pain status post medial meniscus tear, numbness, joint effusion of left knee. Treatment to date has included medication: Lidoderm 5% patch, 6 chiropractic sessions for neck (attended sporadically for flare ups), and knee injection (75% effective x 6 months). Currently, the injured worker complains of aching in the neck and trapezius and left knee rated 6-7 out of 10 and 7-8 out of 10 without medications and increased aching and stabbing pain in the low back, left hip, left groin and buttock. Per the primary physician's progress report (PR-2) on 10-21-15, exam notes tenderness over the lumbar paraspinals, lumbar facet joints at left L4-5 and L5-S1, pain with lumbar flexion and extension, sacroiliac joints are tender to palpation bilaterally. Straight leg raise is negative. There was tenderness over the cervical paraspinals, facet joints, and reduced range of motion. Left knee exam notes tenderness of the medial and lateral joint lines with positive McMurray sign, and full range of motion. Achilles DTR (deep tendon reflexes) is 1+, sensation is intact and gait is slightly antalgic. Current plan of care includes continuation with home exercise program (HEP), ice, heat, and chiropractic care. The Request for Authorization requested service to include Chiropractic neck and low back (once or twice/month as needed) #6, (L) lumbar facet medial branch block with moderate sedation and fluoroscopic guidance L4-L5, and L5-S1, and Terocin 4-4% patches #30. The Utilization Review on 10-29-15

denied the request for Chiropractic neck and low back (once or twice/month as needed) #6, (L) lumbar facet medial branch block with moderate sedation and fluoroscopic guidance L4-L5, and L5-S1, and Terocin 4-4% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro neck and low back (once or twice/month as needed) #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS as previous sessions have not produced documented objective improvements in pain and function. Therefore, the request is not medically necessary.

(L) lumbar facet medial branch block with moderate sedation and fluoroscopic guidance L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant

long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70% 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy 4. No more than 2 joint levels are injected in 1 session 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation as the patient has radicular pain symptoms on exam and therefore the request is not medically necessary.

Terocin 4-4% patches #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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for back pain. Therefore, the request is not medically necessary.