

Case Number:	CM15-0045974		
Date Assigned:	03/18/2015	Date of Injury:	09/10/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old male, who sustained a work/ industrial injury on 9/10/14. He has reported initial symptoms of back and neck pain. The injured worker was diagnosed as having lumbar facet arthropathy, degeneration of lumbar, lumbosacral intervertebral disc, neck sprain/strain, thoracic or lumbar neuritis or radiculitis. Treatments to date included medication, home exercise program, chiropractic care, Transcutaneous Electrical Nerve Stimulation (TENS) unit, Electromyogram/nerve conduction velocity (EMG/NCV) on 2/26/15 was normal. Currently, the injured worker complains of low back pain that radiated to the lower extremities (L>R) with numbness and tingling sensation in bilateral feet/soles. There was also neck pain that radiated to the upper arms. There were also daily headaches. The treating physician's report (PR-2) from 3/9/15 indicated the injured worker was for a lumbar brace fitting. Prior request was for cervical traction. Medications included Gabapentin. Treatment plan included Lidopro Topical and Psychological Evaluation for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical 4 oz: 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): 56, 111-112.

Decision rationale: Aforementioned citation notes topical lidocaine is only indicated for diabetic peripheral neuropathic pain and post-herpetic neuralgia. The injured worker has not been diagnosed with either of these industrial conditions. The request is not medically necessary.

Psychological Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition. Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: The most recent progress note dated February 27, 2015, does not indicate that the injured employee has any current psychological issues to include any complaints or diagnosis of depression/anxiety. Considering that it is unclear why there is a request for psychological evaluation at this time. This request for a psychological evaluation is not medically necessary.