

Case Number:	CM15-0068011		
Date Assigned:	04/15/2015	Date of Injury:	01/20/2005
Decision Date:	07/10/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/09/2015

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: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 1/20/05. He reported low back, neck, left shoulder and right shoulder. The injured worker was diagnosed as having discogenic lumbar condition, impingement syndrome of shoulder status post-surgical intervention with rotator cuff repair and chronic pain syndrome. Treatment to date has included oral medications including opioids, right rotator cuff repair, physical therapy and topical medications. Currently, the injured worker complains of persistent right shoulder pain and low back pain with muscle spasms. Physical exam noted pain along right shoulder, rotator cuff and biceps tendon with restricted motion and tenderness across the lumbar paraspinal muscles and pain with facet loading. The treatment plan included refilling oral medications including Norco, refilling LidoPro lotion, Terocin patches, TENS unit, hot/cold modalities, (MRI) magnetic resonance imaging of right shoulder, referral to pain management and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the 03/05/2015 report, this patient presents with persistent right shoulder pain with weakness and low back pain with muscle spasms, stiffness and tightness. The current request is for Terocin patches #20 for "topical relief." The request for authorization is on 03/05/2015. The patient's work status is "currently not working." Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The provided medical reports show that the patient has lumbar spinal neuropathic pain but this is not a localized condition and shoulder pain that is localized and peripheral but not neuropathic. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request IS NOT medically necessary.

Aqua therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the 03/05/2015 report, this patient presents with persistent right shoulder pain with weakness and low back pain with muscle spasms, stiffness and tightness. The current request is for Aquatherapy x 12 for "the right shoulder and low back." The request for authorization is on 03/05/2015. The patient's work status is "currently not working." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Per the treating physician, the patient "has had this before; however, it was approximately two or three years ago, which gave him good relief and helped him also to reduce his medication usage." The number of sessions completed from prior aquatic therapy is unknown. In this case, the provided reports show no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. In addition, the requested 12 sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. Therefore, the current request IS NOT medically necessary.

In-home TENS unit - 4 leads: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial Page(s): 114.

Decision rationale: According to the 03/05/2015 report, this patient presents with persistent right shoulder pain with weakness and low back pain with muscle spasms, stiffness and tightness. The current request is for In-home TENS unit - 4 leads. The request for authorization is on 03/05/2015. The patient's work status is "currently not working." Regarding TENS units, the MTUS guidelines state, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." The guidelines further state TENS units may be appropriate for neuropathic pain. Per the 02/02/2015 report, the treating physician states that the patient is "using it at night typically to the shoulder and lower back.

However, it is not strong enough and would like a stronger one with garment so he can wrap it around his waist. He feels relief when using it but would like it to be stronger." The treating physician states in the 12/29/2014 report, that the patient "used the unit previously with good relief to help reduce his pain level, help him to be more functioning, and help him sleep better through the night." In this case, the medical records indicate the patient has lumbar neuropathic pain and has had benefit with the use of the TENS unit. The patient has both shoulder and low back pain, and has wide areas to cover. Although the treater does not specifically discuss the need for 4 lead TENS, it may be necessary. The requested in home TENS unit with 4 leads appear reasonable and is consistence with the guidelines. Therefore, the request IS medically necessary.

Conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines conductive garment Page(s): 116.

Decision rationale: According to the 03/05/2015 report, this patient presents with persistent right shoulder pain with weakness and low back pain with muscle spasms, stiffness and tightness. The current request is for Conductive garment. The request for authorization is on 03/05/2015. The patient's work status is "currently not working." Regarding the conductive garment, MTUS page 116 does not support conductive garments unless documentation is provided that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, such as skin pathology. In this case, the treating physician does not document that the patient presents with any skin condition that requires the use of a conductive skin garment. Therefore, the request IS NOT medically necessary.

Hot/cold compression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, and Hot/cold therapy.

Decision rationale: According to the 03/05/2015 report, this patient presents with persistent right shoulder pain with weakness and low back pain with muscle spasms, stiffness and tightness. The current request is for Hot/cold compression. The request for authorization is on 03/05/2015. The patient's work status is "currently not working." Regarding Hot/Cold therapy, ODG guidelines state "Recommended" Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. "Heat therapy has been found to be helpful for pain reduction and return to normal function." In this case, the treating physician has requested a Hot/cold compression for the patient's low back condition and ODG recommends this as an option. Therefore, the request IS medically necessary.