

Case Number:	CM15-0083618		
Date Assigned:	05/05/2015	Date of Injury:	09/19/2013
Decision Date:	06/04/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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 61 year old female, who sustained an industrial injury on 9/19/13. She reported initial complaints of right leg and low back. The injured worker was diagnosed as having cervical disc displacement; rupture/herniation cervical disc; cervicgia; chronic right C6- 7 radiculopathy; sciatica; radiculitis lumbar; herniated lumbar disc; carpal tunnel syndrome right; right third trigger finger; shoulder impingement; right shoulder sprain/strain; right shoulder osteoarthritis and bursitis. Treatment to date has included physical therapy; acupuncture; urine drug screening; medications. Diagnostics included MRI cervical and lumbar spine (12/2013); MRI right shoulder (2014); EMG/NCV lower extremities (4/2014); EMG/NCV upper extremities (2/2014). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of continuing pain in low back that radiates down left leg with associated slight leg weakness and "heaviness". She also complains of constant numbness in the left foot and toes. Additionally, she complains of numbness/tingling in both hands with the right worse than the left and right third digit trigger finger. On this date, her pain is 10/10. She is currently in physiotherapy and acupuncture 2 times a week and reports temporary relief. She has never has cervical or lumbar spine epidural injections. The provider completed a physical examination and documents his findings in a table form. He notes the injured worker's right shoulder is severely deteriorated and would like authorization for right shoulder surgery. His treatment plan includes: Pain management consultation for lumbar spine, acupuncture two times a week for three weeks (6) for lumbar spine and topical Lidoderm patch one box.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, Medical Examinations and Consultations, page 127 and 156 and the Official Disability Guidelines (ODG); Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in September 2013 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; he remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management consultation, lumbar spine is not medically necessary and appropriate.

Acupuncture two times a week for three weeks for the lumbar spine, lumbar spine, quantity: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions nor is the patient actively participating in therapy with functional restoration approach. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture two times a week for three weeks for the lumbar spine, lumbar spine, quantity: 6 is not medically necessary and appropriate.

Medication topical lidoderm patches 1 box: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Medication topical lidoderm patches 1 box is not medically necessary and appropriate.