

Case Number:	CM15-0088252		
Date Assigned:	05/12/2015	Date of Injury:	10/17/2011
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/07/2015

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, Hawaii
 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(n) 49 year old female, who sustained an industrial injury on 10/17/11. She reported pain in her neck, shoulder and lower back. The injured worker was diagnosed as having lumbar disc disease and lumbar radiculopathy. Treatment to date has included a lumbar epidural injection, an EMG study and topical medications. As of the PR2 dated 4/6/15, the injured worker reports neck and low back pain. She rates her pain 6/10 with medications and 8/10 without medications. Objective findings include decreased range of motion in the cervical and lumbar spine. The treating physician requested Lidoderm patch 5%, an LOS back brace and an ergonomic workstation evaluation with lumbar spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The patient presents with diagnoses of lumbar disc disease and lumbar radiculopathy. The injured worker currently complains of pain in her neck, shoulder and lower back. The current request is for Lidoderm patch 5%. The treating physician states in their 4/6/15 treating report (34B), "request authorization for a medication script, lidoderm patch 5% for low back pain." MTUS Guidelines state, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS also states, "Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches be indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." Review of the limited, and only slightly legible clinical history provided does not indicate how long the patient has been using this medication. The patient does present with lumbar radiculopathy but there is no documentation of positive response or improvement with utilizing Lidoderm patches. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated, but suffers from chronic neck, shoulder and low back pain. Therefore, the request is not medically necessary.

LOS back brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Lumbar supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Lumbar supports.

Decision rationale: The patient presents with diagnoses of lumbar disc disease and lumbar radiculopathy. The injured worker currently complains of pain in her neck, shoulder and lower back. The current request is for LOS back brace. The treating physician states in their 4/6/15 treating report (34B), "request authorization for a Pro Line LOS Brace for additive support." ACOEM guidelines state, "Corsets for treatment - Not Recommended. In occupational setting, corset for prevention - Optional". ODG states, "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the treating physician requested the brace to be worn to help with the patient's stability and posture in accordance with ODG. Therefore, the current request is medically necessary and the recommendation is for authorization.

Ergonomic workstation evaluation with lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper back chapter, Ergonomics. ODG Low Back Chapter, Ergonomic Intervention.

Decision rationale: The patient presents with diagnoses of lumbar disc disease and lumbar radiculopathy. The injured worker currently complains of pain in her neck, shoulder and lower back. The current request is for Ergonomic workstation evaluation with lumbar spine support. The treating physician states in their 4/6/15 treating report (34B), "Request authorization for an ergonomic work station evaluation to help PT be more efficient at work & to improve L-back posture." In this case, the UR (26B) certified the ergonomic workstation evaluation but denied the lumbar spine support. The Guidelines support the certification of the Ergonomic workstation evaluation but required additional documentation to determine the medical necessity of the lumbar spine support associated with the workstation. Following the workstation evaluation, the lumbar spine support associated with the ergonomic workstation should be requested, if medically necessary. The workstation evaluation report should be used as the basis for the medical necessity of the lumbar support request. Therefore, the current request is not medically necessary and the recommendation is for denial.