

Case Number:	CM14-0147246		
Date Assigned:	09/15/2014	Date of Injury:	07/27/1998
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who reportedly was injured on 07/27/1998 due to cumulative lifting/carrying objects. She complains of neck pain radiating down both arms, and bilateral wrist pain. Cervical MRI dated 07/25/14 reported mild cervical degenerative changes without spinal canal stenosis or cord effacement; degenerative disc disease is most pronounced at C5-6 and C6-7. The injured worker is taking multiple medications including Flexeril, Voltaren gel, Atenolol, Valium, Estrace, and Norco. The injured worker also has been treated with acupuncture and trigger point injections of the cervical paravertebral. Most recent progress report submitted for review is dated 08/12/14. Reference is made to EMG/NCV study, but no electrodiagnostic testing report was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE AND BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: CA MTUS provides that physical therapy is recommended, noting that passive therapy can provide short term relief during the early phases of pain treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend a 6 visit trial with additional sessions based on assessment after the initial trial with objective functional improvement. A home exercise program is indicated in conjunction with physical therapy. This is an injury that occurred over 16 years ago. There is no comprehensive history of the nature and extent of treatment completed to date with no documentation of previous physical therapy for the neck and bilateral elbows. The injured worker is noted to have been treated with trigger point injections, medications, and acupuncture but there is no evidence of active modalities. Also, there is no evidence that the injured worker is compliant with a home exercise program. Based on the clinical information provided, the request for 12 physical therapy sessions for the cervical spine and bilateral elbows is not recommended as medically necessary.

1 CERVICAL AND BODY PILLOWS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pillow

Decision rationale: Per ODG, the use of a neck support pillow while sleeping is recommended in conjunction with daily exercise. As noted above, there is no indication that the injured worker is compliant with a home exercise program. Also, physical examination revealed only tenderness to palpation and trigger point. Based on the clinical information provided, the request for 1 CERVICAL AND BODY PILLOWS is not recommended as medically necessary.

1 CERVICAL EPIDURAL INJECTION AT C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Ca MTUS provides that criteria for the use of epidural steroid injection require that radiculopathy be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker is noted to have undergone emg/ncv, but no report was submitted with objective evidence of radiculopathy in a nerve root distribution corresponding to the c7-t1 level. Cervical mri did not show any clear evidence of neurocompressive pathology at any level of the cervical spine, with only mild degenerative changes reported without canal stenosis or cord effacement. Based on the clinical information

provided, the request for 1 cervical epidural injection at c7-t1 is not recommended as medically necessary.

1 PRESCRIPTION OF LIDODERM PATCHES 5% #30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The request for Lidoderm Patches 5% #30 with 2 refills is not supported as medically necessary. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As there is no documentation of failure of first line agents medical necessity is not established.