

Case Number:	CM14-0165803		
Date Assigned:	10/10/2014	Date of Injury:	09/16/2011
Decision Date:	11/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation 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 patient is a 60-year-old female with date of injury of 09/16/2011. The listed diagnoses per [REDACTED] from 09/17/2014 are: 1. Disk degeneration of the lumbar spine. 2. Low back pain. 3. Lumbar radiculitis. 4. Rupture or herniation of the lumbar disk. 5. Neck pain. 6. Cervicalgia. 7. Cervical radiculitis. 8. Dizziness. According to this report, the patient complains of lumbar spine pain. The patient also states weakness in the right leg with numbness and tingling. She also complains of dizziness. The patient rates her pain a 7/10 in the lower lumbar region. She rates her neck pain a 5/10. The examination showed decreased sensation at C6 and C7. Reflexes are 2+ in the upper extremities. MMT (manual muscle testing) is 4/5 upon exam. Bilateral shoulder range of motion testing is diminished. The utilization review denied the request on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical and lumbar spine x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 and 8.

Decision rationale: This patient presents with lumbar spine pain and cervical spine pain. The treater is requesting 12 physical therapy visits for the cervical and lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The 07/18/2014 report shows that the patient exhibits decreased range of motion, tenderness, bony tenderness, and pain in the lumbar spine. The patient reports a pain level of 4/10 to 5/10 that radiates from the lower back to the right thigh with numbness. The 08/20/2014 report notes that the patient has received lumbar epidural injections with no relief and physiotherapy ended over a year ago. She complains of cervical spine and bilateral shoulder pain with weakness, numbness, and tingling in both hands and arms, right worse than the left. The 09/17/2014 report shows that the patient has received 8 physical therapy in the last few months. On this particular report, the patient continues to complain of lumbar spine pain with weakness in the right leg with numbness and tingling. The records from 04/28/2014 to 09/17/2014 do not show any physical therapy reports to verify how many treatments the patient has received and with what results. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Functional improvement is defined in Labor Code 9792.20(e) a significant improvements in ADLs, change in work status, and reduced dependence on medication treatment. In this case, it appears that the patient has received 8 physical therapy treatments recently, and no documentation of functional improvement was noted. Furthermore, the requested 12 sessions when combined with the previous 8 would exceed MTUS Guidelines. Recommendation is for denial.

Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics; NSAIDs Page(s): 111-113; 60.

Decision rationale: This patient presents with lumbar spine pain and cervical spine pain. The treater is requesting Flector patches. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, MTUS page 60 requires pain assessment and functional changes when medications for chronic pain are used. The records show that the patient was prescribed Flector patches on 08/20/2014. None of the treater's reports from 08/20/2014 to 09/17/2014 notes medication efficacy as it relates to the use of Flector patches. Furthermore, Flector patch is recommended for peripheral joint osteoarthritis and tendinitis-type problems, which this patient does not present with. Recommendation is for denial.