

<b>Case Number:</b>	CM14-0091581		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/09/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Nevada. 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 36 year-old individual was reportedly injured on September 9, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 29, 2014 indicates that there are ongoing complaints of neck pain, thoracic spine pain, lumbar spine pain and bilateral lower extremity involvement. The physical examination demonstrated a 5'5, 132 pound individual who is normotensive. There is tenderness to palpation, and a nonantalgic gait pattern is reported. Diagnostic imaging studies were not presented for review. Previous treatment includes physical therapy, chiropractic care, injection therapy, and pain management techniques. A request was made for additional chiropractic care Lidoderm patches which was non-certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up Visit In 3 Months:** Overturned

**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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

**Decision rationale:** The most recent progress note indicated ongoing symptomologies and a decreased range of motion. In addition, there was a treatment plan that outlined a follow-up evaluation to establish the efficacy of the intervention. Therefore, the request is medical necessary.

**Chiropractic 2x6=12 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines; manual therapy Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

**Decision rationale:** Based on the date of injury, the injury sustained, the multiple passive and active interventions this request is not medically necessary. Tempered by the parameters outlined in the California Medical Treatment Utilization Schedule, chiropractic can be supported if completed within the 1st 16 weeks of the date of injury. As such, the parameters outlined have not been met and there is notable lack of response to other passive physical modalities. Therefore, this request is not medically necessary.

**Lidoderm Patches 5% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

**Decision rationale:** California Medical Treatment Utilization Schedule, guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.