

Case Number:	CM14-0212301		
Date Assigned:	02/04/2015	Date of Injury:	09/28/1989
Decision Date:	03/24/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 09/28/1989. On provider visit dated 10/09/2014 the injured worker has reported increased pain spasm and tightness with activity in legs and radiates to her c-spine on occasion. The diagnoses have included T-L-S MFS with left sciatica. Treatment to date has included unclear number of completed sessions of physical therapy and x-rays of the c-spine, left foot, left ankle, left heel left tibia during visit on 10/9/2014. Treatment plan included Lodine, Tylenol, Lidocaine patch, home exercise, physical therapy and laboratory studies. On 11/19/2014 Utilization Review non-certified Lidocaine patch, Lodine 400mg, Physical therapy or Chiropractic 3x4, Retro X-ray of C-spine (DOS 10/9/14), Retro X-ray of left foot (DOS 10/9/14), Retro X-ray of left ankle (DOS 10/9/14), Retro X-ray of left heel (DOS 10/9/14),Retro X-ray of left tibia (DOS 10/9/14)Unspecified labs (due 2/2015) ,as not medically necessary. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, ODG and non-MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: The CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Lodine 400 mg does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as lower doses are available for use. There is no documentation of response to this dose or of any trials of lower doses of Lodine. The request is not medically necessary.

Lidocaine patch: 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 Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.

Physical therapy or Chiropractic 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, The request for 2 x 4 sessions of physical therapy exceeds the guideline limits and is not medically indicated.

Unspecified labs (due 2/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison, Washington Manual of Medical Therapeutics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory testing

Decision rationale: The CA MTUS, ACOEM and ODG are silent of laboratory tests such as CBC and CMP. A CBC may be ordered to assess for signs of infection, inflammation, anemia or other blood or bone marrow condition. A CMP may be ordered to assess electrolytes levels, kidney function or liver function. In this case, there is no explanation of the reason for ordering the tests and in fact no specific test ordered. Without a documented medical explanation of the need for the tests and without any specific test ordered, generic "laboratory testing" is not medically indicated.

Retro X-ray of C-spine (DOS 10/9/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: ACOEM states that x rays should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, there are no red flag findings reported in the examination. X- ray of c spine is not medically indicated.

Retro X-ray of left foot (DOS 10/9/14): 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 ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375,377.

Decision rationale: ACOEM recommends x-rays for lower extremity complaints only for significant red flag symptoms and when Ottawa ankle rules indicate need for plain x rays. Routine x rays for soft tissue complaints are not recommended. The medical records indicate no red flag findings and x ray of left foot is not medically indicated.

Retro X-ray of left ankle (DOS 10/9/14): 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 ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, 377.

Decision rationale: ACOEM recommends x-rays for lower extremity complaints only for significant red flag symptoms and when Ottawa ankle rules indicate need for plain x rays. Routine x rays for soft tissue complaints are not recommended. The medical records indicate no red flag findings and x- ray of left ankle is not medically indicated.

Retro X-ray of left heel (DOS 10/9/14): 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 ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, 377.

Decision rationale: ACOEM recommends x-rays for lower extremity complaints only for significant red flag symptoms and when Ottawa ankle rules indicate need for plain x rays. Routine x rays for soft tissue complaints are not recommended. The medical records indicate no red flag findings and x ray of left heel is not medically indicated.

Retro X-ray of left tibia (DOS 10/9/14): 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 ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, 377.

Decision rationale: ACOEM recommends x-rays for lower extremity complaints only for significant red flag symptoms and when Ottawa ankle rules indicate need for plain x rays. Routine x rays for soft tissue complaints are not recommended. The medical records indicate no red flag findings and x- ray of left tibia is not medically indicated.