

Case Number:	CM15-0016061		
Date Assigned:	02/04/2015	Date of Injury:	10/26/2011
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 34-year-old male injured worker suffered and industrial injury on 10/26/2011. The diagnoses were depression, cervical and lumbar radiculopathy, pain in joint lower leg, low back pain, and post-concussive syndrome. The diagnostic studies were x-rays, computerized tomography electromyography/nerve conduction velocity, and magnetic resonance imaging. The treatments were medications, physical therapy, acupuncture, cystoscopy, and lumbar medial branch blocks. The treating provider reported neck and lower back pain with headaches. The injured worker appeared fatigued with reduced range of motion to the cervical and lumbar spine producing pain. There was positive straight leg raise and tenderness in the upper back. On exam there was noted a slow gait, restricted range of motion to the lumbar spine and limited by pain. Tenderness is noted in the upper back. The injured worker reported difficulty with sleep. The low back pain radiated down the lateral aspect of the leg stopping at the knee. The Utilization Review Determination on 12/30/2014 non-certified: 1. Lidoderm patches 5%, #30, citing FDA; 2. six cognitive behavioral therapy sessions, citing ODG and MTUS; 3. one transforaminal lumbar epidural steroid injection at L4 and L5, citing ACOEM and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #30,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing decreased sleep and lower back and neck pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion indicating the symptoms had failed to respond to the above first line treatments. In the absence of such evidence, the current request for thirty Lidoderm (topical lidocaine) 5% patches is not medically necessary.

Cognitive Behavioral Therapy (6-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS Guidelines recommend the use of cognitive behavioral therapy, a type of psychological treatment, as a secondary treatment for those with risk factors for delayed recovery. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 psychotherapy visits over two weeks should be considered. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The submitted and reviewed documentation indicated the worker was experiencing decreased sleep and lower back and neck pain. There was no discussion indicating whether the worker's recent physical therapy had a cognitive motivational approach or detailing special circumstances that sufficiently supported a trial of more initial sessions than is supported by the Guidelines. In the absence of such evidence, the current request for six sessions of cognitive behavioral therapy is not medically necessary.

Transforaminal Lumbar Epidural Steroid Injection at L4 and L5: 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 Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower decreased sleep and lower back and neck pain. Documented examinations described positive testing involving raising the straightened right leg without additional radicular signs. There were no documented imaging or electrodiagnostic findings suspicious for radiculopathy involving the L4 nerves or the left L5 nerve. The request did not specify which side was to be injected, and there was no discussion describing special circumstances that would support injecting both sides. In the absence of such evidence, the current request for a transforaminal epidural steroid injection at the L4 and L5 levels is not medically necessary.