

Case Number:	CM15-0111708		
Date Assigned:	06/18/2015	Date of Injury:	10/30/2012
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 55 year old female who sustained an industrial injury on 10/30/2012. Mechanism of injury occurred when she was thrown around the inside of a vehicle when the brakes were slammed on to avoid an accident. She had pain in the neck, upper back and both shoulders, stomach and jaw. Diagnoses included cervical spine strain and sprain, impingement syndrome, intervertebral cervical disc disorder with myelopathy-cervical region, lumbar sprain and strain and headaches. Treatment to date has included diagnostic studies, cervical epidural injections, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Several documents within the submitted medical records were difficult to decipher. An unofficial report of a Magnetic Resonance Imaging of the cervical spine done on 03/06/2013 revealed a 2.5mm disc osteophyte complex at C5-6 with minimal impingement of the thecal sac and a 2mm left paracentral disc protrusion. On 09/10/2013 a Magnetic Resonance Imaging of the cervical spine revealed trace progression of changes at C4-5 now with mild left neural foramina stenosis, C6-7 showed borderline left lateral recess stenosis and T4-5 central disc protrusion without mass effect. A hand written physician progress note dated 05/12/2015 documents the injured worker had continued cervical spine pain with right upper extremity pain, and decreased range of motion. The cervical spine was tender to palpation and was positive for spasms. The injured worker received an IM injection of Toradol for the pain. The treatment plan included an updated Magnetic Resonance Imaging of the cervical spine to rule out a herniated disc and treatment with Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 1 pg 2; Chp 8 pg 165, 169-72, 177-8, 182, 184-8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient the history falls in this later group of indications, that is, the signs and symptoms are too non-specific. Additionally, the patient has already had a cervical MRI (2013) which did not show nerve impingement. There have not been any significant symptom changes since that MRI to suggest worsening of her anatomic abnormalities. A EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual, a MRI of the neck is not medically necessity.

Lidoderm patches 5% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical analgesics Page(s): 56-7, 111-13.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is recommended only after trial of first-line therapy with medications such as tricyclic anti-depressants, SRNI antidepressants or antiepileptic drugs (AED). This patient has neuropathic

pain but has not received treatment with a first-line medication. However, prior use of Lidoderm patches has decreased her pain and improved her function. Considering all the above information, continued use of Lidoderm patches is medically necessary although the provider should consider adding appropriate first-line medication to her treatment. Medical necessity has been established.