

<b>Case Number:</b>	CM15-0037965		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 59 year old female who sustained an industrial injury on 04/13/2011. Diagnoses include cervical musculoligamentous injury, cervical disc protrusion, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar disc protrusion with foraminal narrowing, left shoulder sprain/strain and impingement syndrome, left hip sprain/strain, and psyche component. Treatment to date has included medications, epidural steroid injections, physical therapy, and aquatic therapy. A physician progress note dated 01/19/2015 documents the injured worker complains of constant moderate 7 out of 10 sharp neck pains and tingling. She has constant moderated stabbing upper/mid back pain rated 7 out of 10. Pain in her low back is rated 7 out of 10 and is sharp. She also has achy left hip pain and left shoulder pain. Motor strength and dermatome sensation is intact and equal in upper and lower extremities. Cervical, thoracic and lumbar ranges of motion are decreased and painful, with paravertebral muscle tenderness and spasms. Left shoulder range of motion is decreased and painful. Treatment requested is for 12-18 aquatic therapy sessions for lumbar spine, 2-3 times per week for 6 weeks, lumbar spine epidural steroid injection (ESI) at L3-4, and Mentherm cream. On 02/12/2015 Utilization Review non-certified the request for 12-18 aquatic therapy sessions for lumbar spine, 2-3 times per week for 6 weeks and cited was Official Disability Guidelines. The request for Lumbar spine epidural steroid injection (ESI) at L3-4 was denied and cited was CA MTUS Guidelines. The request for Mentherm cream was non-certified and cited was CA MTUS Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The 59 year old patient complains of neck pain and tingling, upper/mid back pain, low back pain, throbbing left shoulder pain, and left hip pain, rated at 7/10, as per progress report dated 01/19/15. The request is for MENTHODERM CREAM. The RFA for this case is dated 01/13/15, and the patient's date of injury is 04/13/11. Diagnoses, as per progress report dated 01/19/15, included cervical musculoligamentous injury, cervical muscle spasm, cervical disc protrusion, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, left shoulder sprain/strain, left shoulder impingement syndrome, left hip sprain/strain, left hip contusion, left buttock syndrome, loss of sleep, rib contusion, rib sprain/strain, loss of sleep, and varicose veins. The patient is off work, as per the same progress report. Mentoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the request for Mentoderm gel is first noted in progress report dated 10/30/14. The treating physician does not explain the purpose of the request. The treater does not discuss the site of application and efficacy of the gel. There is no diagnosis of peripheral joint arthritis either. Hence, the request IS NOT medically necessary.

**Lumbar spine epidural steroid injection (ESI) at L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46, 111-113, 99, 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

**Decision rationale:** The 59 year old patient complains of neck pain and tingling, upper/mid back pain, low back pain, throbbing left shoulder pain, and left hip pain, rated at 7/10, as per progress report dated 01/19/15. The request is for LUMBAR SPINE EPIDURAL STEROID INJECTION (ESI) AT L3-4. The RFA for the case is dated 01/13/15, and the patient's date of injury is 04/13/11. Diagnoses, as per progress report dated 01/19/15, included cervical musculoligamentous injury, cervical muscle spasm, cervical disc protrusion, thoracic

sprain/strain, lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, left shoulder sprain/strain, left shoulder impingement syndrome, left hip sprain/strain, left hip contusion, left buttock syndrome, loss of sleep, rib contusion, rib sprain/strain, loss of sleep, and varicose veins. The patient is off work, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, Recommended as an option for treatment of radicular pain. MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that at the time of initial use of an ESI (formally referred to as the 'diagnostic phase' as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient is status post bilateral epidural steroid injection on 09/19/14, as per operative report. In progress report dated 10/30/14, the treating physician states that prior ESI produced temporary relief. The request for repeat ESI is noted in progress report dated 01/13/15 but the physician does not explain the purpose. MTUS guidelines allow for repeat injections only with at least 50% pain relief with associated reduction of medication use for six to eight weeks. Hence, the request IS NOT medically necessary.

**12-18 aquatic therapy sessions for lumbar spine, 2-3 times per week for 6 weeks: 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) Physical therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The 59 year old patient complains of neck pain and tingling, upper/mid back pain, low back pain, throbbing left shoulder pain, and left hip pain, rated at 7/10, as per progress report dated 01/19/15. The request is for 12 - 18 AQUATIC THERAPY SESSIONS FOR LUMBAR SPINE 2-3 TIMES PER WEEK FOR SIX WEEKS. The RFA for this case is dated 01/13/15, and the patient's date of injury is 04/13/11. Diagnoses, as per progress report dated 01/19/15, included cervical musculoligamentous injury, cervical muscle spasm, cervical disc protrusion, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar muscle spasm, lumbar disc protrusion, left shoulder sprain/strain, left shoulder impingement syndrome, left hip sprain/strain, left hip contusion, left buttock syndrome, loss of sleep, rib contusion, rib

sprain/strain, loss of sleep, and varicose veins. The patient is off work, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity, the guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Patients with myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone aquatic therapy in the past, as per progress report dated 12/18/14 which is not available for review but has been documented in the UR letter. However, there is no documentation of improvement in pain and function from prior therapy. There are no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Additionally, MTUS only allows for 8 - 10 sessions in non-operative cases. Hence, the treater's request for 12-18 additional sessions is excessive and IS NOT medically necessary.