

Case Number:	CM15-0076688		
Date Assigned:	04/28/2015	Date of Injury:	09/19/2013
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 9/19/2013. She reported injury of multiple body parts. The injured worker was diagnosed as having cervical disc displacement, cervicgia, shoulder impingement, right shoulder sprain/strain, and carpal tunnel syndrome. Treatment to date has included medications, physiotherapy, acupuncture, electro-diagnostic studies, and magnetic resonance imaging. The request is for physiotherapy, acupuncture, and Lidoderm patches. On 12/11/2014, she complained of flare up of neck pain rated 8/10, low back pain rated 6/10, bilateral shoulder pain rated 9/10, left leg pain rated 10/10, right arm pain rated 9/10, and hand pain rated 9/10. She reported physiotherapy and acupuncture provide temporary relief. The treatment plan included: epidural injections, acupuncture Neurontin, and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x per week x 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering, and the Restoration of Function, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks of the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are disc displacement; rupture/herniation cervical best; cervicalgia; chronic right C6 - C7 radiculopathy; sciatica; radiculitis lumbar; rupture or herniation lumbar disc; carpal tunnel syndrome; right third trigger finger; shoulder impingement; right shoulder sprain/strain; and right shoulder osteoarthritis and bursitis. The request for authorization is dated March 12, 2015. An orthopedic progress note (from one week earlier) March 7, 2015 indicates the injured worker has failed physical therapy (Shoulder) and needs a right shoulder arthroscopy and rotator cuff repair, subacromial decompression. It is unclear whether the failed physical therapy is to the shoulder or to the low back. Documentation from an April 2, 2015 progress note contains, in the treatment plan, a request for pain management referral for cervical spine and lumbar spine epidural steroid injections. Documentation according to a December 11, 2014 progress note states the injured worker was receiving acupuncture and physical therapy. The progress note states the injured worker should "continue acupuncture and physical therapy." The total number of physical therapy sessions and location is not documented in the medical record. There is no evidence of objective functional improvement prior physical therapy. If the injured worker exceeded the guidelines for physical therapy according to the Official Disability Guidelines, there are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, prior physical therapy notes, the total number of physical therapy sessions to the lumbar spine and compelling clinical facts indicating whether additional physical therapy is warranted, physical therapy two times per week times four weeks of the lumbar spine is not medically necessary.

Acupuncture 2 x per week x 3 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times three weeks to the lumbar spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in

conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are disc displacement; rupture/herniation cervical best; cervicgia; chronic right C6 - C7 radiculopathy; sciatica; radiculitis lumbar; rupture or herniation lumbar disc; carpal tunnel syndrome; right third trigger finger; shoulder impingement; right shoulder sprain/strain; and right shoulder osteoarthritis and bursitis. The request for authorization is dated March 12, 2015. Documentation from a December 11, 2014 progress note stated the injured worker should continue acupuncture and physical therapy. The documentation does not contain the specific number of acupuncture treatments provided to the injured worker. The guidelines provide for an initial trial of 3-4 visits over two weeks and with evidence of objective functional improvement, additional acupuncture treatments may be provided. There is no documentation of objective functional improvement of acupuncture treatment session notes in the medical record. Consequently, absent clinical documentation with objective functional improvement of prior acupuncture, acupuncture two times per week times three weeks of lumbar spine is not medically necessary.

Lidoderm Patches 1 box: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch one box is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are disc displacement; rupture/herniation cervical best; cervicgia; chronic right C6 - C7 radiculopathy; sciatica; radiculitis lumbar; rupture or herniation lumbar disc; carpal tunnel syndrome; right third trigger finger; shoulder impingement; right shoulder sprain/strain; and right shoulder osteoarthritis and bursitis. The request for authorization is dated March 12, 2015. Subjectively, according to an April second 2015 progress notes, the injured worker complains of low back pain

that radiates down the left leg with slight weakness; constant numbness in the left foot; numbness and tingling in both hands. The pain scores 10/10. The injured worker is currently in physiotherapy and acupuncture therapy two times per week. The total number of physical therapy sessions are not documented. Lidoderm patches first appeared in a progress note dated December 11, 2014. The area of treatment (for the patches) is not designated in the medical record. There is no failure of first-line treatment with antidepressants or anticonvulsants documented in the medical record. There is no documentation of objective functional improvement documented in a subsequent March 7, 2015 orthopedic progress note and an April 2, 2015 progress note. Consequently, absent clinical documentation with objective functional improvement with Lidoderm patches, documentation of failed first-line treatment and the area of treatment, Lidoderm patches one box is not medically necessary.