

Case Number:	CM15-0091315		
Date Assigned:	05/15/2015	Date of Injury:	10/07/2013
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male sustained an industrial injury on 10/7/13. He subsequently reported left ankle, back, abdominal and left hip pain. Diagnoses include displacement of lumbar intervertebral disc without myelopathy. Treatments to date include nerve conduction, x-ray and MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the left lower extremity, he has numbness and tingling in the left hip region and left thigh to the left knee and he is having difficulty walking. Upon examination, there is no edema in the left hip/ thigh region consistent with history of direct trauma. Neurologically, plantar reflexes are slow, motor exam shows 4/5 left extensor hallucis longus, ankle inversion. Back exam shows negative seated leg raising test. Heel walking is very difficult and greatly diminished, tandem is off and there was positive Patrick's sign of the left hip noted. A request for Aqua therapy two (2) times a week for four (4) weeks for the lumbar spine and Lidoderm patch medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy two (2) times a week for four (4) weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for radiating low back pain. When seen, he was having difficulty ambulating due to low back and left lower extremity problems. Prior treatments had included 14 sessions of physical therapy without improvement. Physical examination findings included left hip and thigh edema with decreased left lower extremity strength. There was positive left Patrick's testing and hip pain with range of motion. The claimant's BMI is approximately 34. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be obese and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, additional therapy for transition to an independent pool program could be considered. Therefore, the request is not medically necessary.

Lidoderm patches 1 patch every 12 hours, apply to left thigh/hip region-12 hours on 12 hours off, #5 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for radiating low back pain. When seen, he was having difficulty ambulating due to low back and left lower extremity problems. Prior treatments had included 14 sessions of physical therapy without improvement. Physical examination findings included left hip and thigh edema with decreased left lower extremity strength. There was positive left Patrick's testing and hip pain with range of motion. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

