Case Number:	CM13-0015371		
Date Assigned:	11/08/2013	Date of Injury:	02/28/2013
Decision Date:	07/31/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female was reportedly injured on February 28, 2013. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated July 24, 2013, was difficult to read and indicated that there were ongoing complaints of back pain. The physical examination demonstrated positive right sided straight leg raise test and decreased sensation at the right foot. Diagnostic imaging studies objectified disk desiccation and annular disc bulging at L2 -L3, L3-L4, and L5-S1. A request had been made for an epidural steroid injection, bilateral lower extremities nerve conduction studies, triggers point injections, chiropractic treatment, Dendracin and Terocin lotion and was not certified in the pre-authorization process on August 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Electromyogram (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG, updated July 3, 2014.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that electromyograms are not necessary if a radiculopathy is already clinically obvious. The most recent progress note dated July 4, 2013, had objective findings of radiculopathy on physical examination, which corroborate the injured employee's complaints. This request for bilateral lower extremity EMG studies is not medically necessary.

Bilateral Lower Extremity Nerve Conduction Study (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, NCS, updated July 3, 2014.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that nerve conduction studies are not necessary if a radiculopathy is already clinically obvious. The most recent progress note, dated July 4, 2013, had objective findings of radiculopathy on physical examination, which corroborated the injured employee's complaints. This request for bilateral lower extremity nerve conduction study studies is not medically necessary.

Trigger Point Injection to the Iliolumbar Ligaments (#4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Trigger point injections are only recommended for use when they are documented circumscribed trigger points with evidence of a twitch response upon palpation and in individuals where radiculopathy is not present. For these reasons, this request for trigger point injections is not medically necessary.

Chiropractic Treatment (#8): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, chiropractic treatment for the lumbar spine is only recommended for six visits over two weeks time and is only

recommended as an option for acute low back pain without radiculopathy. As this request is for eight visits and radiculopathy is present, this request is not medically necessary.

Dendracin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Dendracin is a topical analgesic medication consisting of methyl salicylate, benzocaine, and menthol. The Chronic Pain Medical Treatment Guidelines only recommend topical analgesics, which include anti-inflammatories, lidocaine, and capsaicin that have additional ingredients and to have been shown to have no effect. For this reason, this request for Dendracin is not medically necessary.

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin lotion is a compounded topical analgesic consisting of menthol and lidocaine. The California chronic pain medical treatment guidelines only recommend topical analgesics, which include anti-inflammatories, lidocaine, and capsaicin, that have additional ingredients and to have been shown to have no effect. For this reason, this request for terocin lotion is not medically necessary.