

Case Number:	CM13-0039177		
Date Assigned:	03/03/2014	Date of Injury:	04/10/2013
Decision Date:	08/12/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 61-year-old female with a 4/10/13 date of injury. The patient sustained an injury when the patient's chair slid out from under her causing her to fall atop a plastic mat where the left shoulder, buttocks, lower back, left hip, and left leg took the burnt of the impact. According to a 1/30/14 progress note, the patient presented with a complaint of pain in the lower back and radiating pain into the left lower extremity. Objective impression: pain on palpation of lumbosacral region, full and symmetrical range of motion of the joints of the lower extremities, including the hips, knees, ankles, and feet, no deficits found to neurologic examination of the lower extremities. Diagnostic impression: lumbar spine sprain/strain. Treatment to date: medication management, activity modification, physical therapy, and acupuncture, ESI. A prior UR decision dated 7/26/13 denied the requests for Medrox Patches; EMG/NCS of bilateral extremities, and pain management consult. The purchase of an interferential unit for home use was modified to a one-month rental of an interferential unit for a home trial basis. Guidelines do not justify the use of compounded medications such as Medrox unless there has been a failure of other oral pain relief medications, such as NSAIDs/acetaminophen. This information was not supplied. The efficacy of this should be assessed prior to pursuing formal pain management. Furthermore, when noting the prior lumbar surgery and that there is no radiological data indicating a nerve root compromise, the request for electrodiagnostic assessment is not supported. The use of an interferential unit for home use may be beneficial when used in conjunction with other medications and the injured employee's home exercise program and only as a one-month initial trial basis. It is unclear why there is a request for pain management consult, while there are other requests for pain management therapies such as the interferential unit and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #30 x 2 refills: 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 Page(s): 111-113.

Decision rationale: Regarding Medrox patches, a search of online resources identified Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. CA MTUS Chronic Pain Medical Treatment Guidelines does not accept Capsaicin at a concentration greater than 0.025%. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox patches #30 x 2 refills is not medically necessary.

Purchase of interferential unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. A previous UR decision dated 7/26/13 authorized an interferential home unit for a one-month trial period. However, this is a request for the purchase of an interferential home unit. It is unclear whether or not the patient has shown any functional improvement from the initial trial or if they have actually had the 1 month trial yet. Therefore, the request for purchase of interferential unit for home use is not medically necessary.

EMG (electromyography) bilateral lower extremities: 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 Chapter.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. It is documented that the patient had an EMG done according to a 10/4/13 electrodiagnostic report. The results suggested chronic reinnervation change involving right L2-5 innervated muscles. There was no electrical evidence of active radiculopathy, plexopathy or other focal or generalized neuropathy involving the lower limbs to explain the symptoms. A previous UR dated 7/26/13 had denied this request. It is unclear whether this is a duplicate request or a request for another EMG to be performed. Therefore, the request for EMG (electromyography) bilateral lower extremities, as submitted, is not medically necessary.

NCS (nerve conduction studies) lower extremities: Upheld

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

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 Chapter.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. It is documented that the patient had a nerve conduction study done according to a 10/4/13 electrodiagnostic report. The results suggested chronic reinnervation change involving right L2-5 innervated muscles. There was no electrical evidence of active radiculopathy, plexopathy or other focal or generalized neuropathy involving the lower limbs to explain the symptoms. A previous UR dated 7/26/13 had denied this request. It is unclear whether this is a duplicate request or a request for another nerve conduction study to be performed. Therefore, the request for NCS (nerve conduction studies) lower extremities is not medically necessary.

Pain management consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. According to the reports reviewed, the patient has already received a pain management consultation dated 9/17/13. There is no documentation provided as to why the patient needs another pain management consultation at this time. Therefore, the request for pain management consult is not medically necessary.