

Case Number:	CM13-0067826		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2003
Decision Date:	04/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 78-year-old male who reported injury on 07/16/2003 as a result of cumulative trauma. The patient's diagnosis was noted to be disc degeneration. The documentation of 09/25/2013 revealed the patient had low back pain rated an 8/10. The patient had bilateral lower extremity pain, numbness and tingling into his feet with right symptoms more than the left. Physical examination revealed the patient had decreased sensation of the right L4, L5, and S1 dermatomes. The motor strength was 4+/5 in the bilateral tibialis EHL, right inversion, plantar flexion and eversion; 5/5 strength was in the left on inversion, plantar flexion and eversion. The patient had a hyper-reflexic bilateral patellar reflex and hypo-reflexic bilateral Achilles reflexes. The straight leg raise on the left was 60 degrees due to pain in the foot and the straight leg raise was 40 degrees on the right due to increased pain in the foot. The patient had a positive slump test bilaterally. The patient's treatment plan was noted to include an EMG/NCS of the bilateral lower extremities to further evaluate the lower extremity complaints. It was indicated due o the patient's condition taking a turn for the worst with respect to low back and bilateral extremities. It was indicated that the patient's prior tests were outdated from an interventional diagnostic standpoint. The request was made additionally for chiropractic treatment 2 times a week for 4 weeks to the lumbar spine to include therapeutic exercise and LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

one EMG/NCS of the 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the patient had objective myotomal and dermatomal findings to support the necessity for an electromyography test. This portion of the request would be supported. As ACOEM does not address NCS, secondary guidelines were sought. Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to indicate the patient had findings of neuropathic type pain. The patient's symptomatology and testing revealed radicular type symptoms. Given the above and the lack of documentation indicating the necessity for both an EMG and NCS, the request for one EMG/NCS of the bilateral lower extremities is not medically necessary.

8 Chiropractic Manipulation Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the patient's injury was in 2003. There was lack of documentation including the patient's prior chiropractic treatments. The request for 8 chiropractic manipulation treatments would exceed guideline recommendations without re-evaluation. Additionally, the request as submitted failed to indicate the body part the chiropractic manipulation was for. Given the above, the request for 8 chiropractic manipulation treatments is not medically necessary.

LidoPro Ointment 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Topical Analgesics, compounded, Chronic Pain Treatment Guidelines May 2009, Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105; 111; 28; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... 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...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of neuropathic pain. This was a new prescription. There was a lack of documentation indicating that the patient had trialed and failed antidepressants and anticonvulsants and that the patient had not responded or was intolerant to other treatments. Given the above, the request for LidoPro ointment 4 oz is not medically necessary.