

Case Number:	CM14-0003591		
Date Assigned:	01/31/2014	Date of Injury:	11/04/2012
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 66 year old female with a reported date of injury on 11/04/2012; the mechanism of injury was not provided. The clinical note dated 11/11/2013 noted that the injured worker had complaints of pain to the low back and left lower extremity that was getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included decreased range of motion to the lumbar spine measured at 35 degrees of flexion and 5 degrees of extension with tenderness to the midline and paraspinal region of the lumbar spine. Additional findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measured 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker underwent an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. The request for authorization for EMG/NCS of the bilateral lower extremities, trial of acupuncture, infection panel, medication panel, LidoPro topical ointment, and cyclobenzaprine was submitted on 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 303 AND 309

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , LOW BACK COMPLAINTS, 303-305

Decision rationale: The request for an electromyogram of the bilateral lower extremities is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker underwent an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. ACOEM guidelines indicate that electromyography (EMG) can be helpful in identifying neurologic dysfunction in injured workers with low back pain when the neurological examination is unclear. The medical necessity for the need of an EMG has not be established. Based on the documentation provided, the injured worker has symptomatology that clearly suggests radiculopathy. Additionally, the request is for a bilateral study and the injured worker only has symptomatology to the left. As such this request is non-certified.

NERVE CONDUCTION VELOCITY OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 303 AND 309

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for a nerve conduction velocity of the bilateral lower extremities is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker underwent an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. The Official Disability Guidelines do not recommend nerve conduction studies in the low back as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of evidence to suggest a diagnosis of peripheral neuropathy to warrant the need for an NCV study at this time as the findings upon physical exam appear to clearly suggest radiculopathy. Additionally, the

request for a bilateral study would not be indicated as the injured worker only has symptomatology on the left. As such, this request is non-certified.

ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS TO LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES., ,

Decision rationale: The request for acupuncture 2 times a week for 4 weeks to the lumbar spine is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included decreased range of motion to the lumbar spine measured at 35 degrees of flexion and 5 degrees of extension and tenderness to the midline and paraspinal region of the lumbar spine. Additional findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker underwent an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. The California MTUS guidelines indicate that acupuncture can be used as an option when pain medication is reduced or not tolerated and/or used as an adjunct to physical rehabilitation. The guidelines recommend up to 6 treatments to improve functional improvement which includes a significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. It did not appear the injured worker's medication was reduced or was not tolerated. Additionally, the request exceeds the recommended number of sessions. As such this request is non-certified.

INFECTION PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OFFICIAL DISABILITY GUIDELINES (ODG) INFECTIOUS DISEASE CHAPTER, BONE & JOINT INFECTIONS: OSTEOMYELITIS, VERTEBRAL (SPONDYLODISCITIS), ,

Decision rationale: The request for an infection panel is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished

Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker underwent an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. The Official Disability Guidelines indicate that erythrocyte sedimentation rate (ESR) is elevated in more than 90% of cases but white count may or may not be elevated. C-reactive protein is considered a more specific test and normalized more quickly postoperatively or after appropriate treatment of an infectious process. However, it remains unclear what specific laboratory studies are being requested. It was unclear if the injured worker had significant findings of infection. As such this request is non-certified.

MEDICATION PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- DRUG TESTING, INDICATORS AND PREDICTORS OF POSSIBLE MISUSE OF CONTROLLED SUBSTANCES AND/OR ADDICTION, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ON-GOING MANAGEMENT, 78

Decision rationale: The request for a medication panel is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. The California MTUS guidelines indicate that on-going management of pain with opioids should include screening for abuse and/or addiction on the medication. There is no documentation provided that indicated there is a concern in regard to the use of illegal drugs and/or for possible misuse of controlled substances. It was unclear if the injured worker underwent a prior "medication panel" screening. Additionally, the documentation provided did not establish what specific test is being requested. As such this request is non-certified.

LIDOPRO TOPICAL OINTMENT, 4 OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

Decision rationale: The request for LidoPro topical ointment, 4oz is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. It was also noted that the injured worker had received an MRI on 11/10/2013 that revealed a large left sided herniated nuclei pulposi at L3-L4. The California MTUS guidelines indicate that topical analgesics are recommended if they are approved for use, and that any compounded product that contains at least one drug (or drug class) that is not recommended makes the entire compounded product not recommended. The guidelines also indicate that the only recommended and FDA approved topical form of lidocaine is the Lidoderm patch. Additionally, the guidelines indicate that there have been no studies of a 0.0375% formulation of capsaicin. LidoPro is a compounded product that consists of Lidocaine 4.5%, Methyl Salicylate 27.5%, Capsaicin 0.0325%, and Menthol 10%. As this requested product contains two different forms of non-approved or recommended products, the entire compounded medication is not recommended. As such this request is non-certified.

CYCLOBENZAPRINE 7.5 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MUSCLE RELAXANTS, 64-66

Decision rationale: The request for cyclobenzaprine 7.5mg, #30 is non-certified. It was noted that the injured worker had complaints of pain to the low back and left lower extremity that has been getting worse. Additional complaints included numbness, tingling, and weakness to the left lower extremity. Objective findings included a straight leg raise test on the left side that produced numbness to the foot, diminished sensation of the left L5-S1 dermatomes, diminished Patellar and Achilles reflexes bilaterally, and strength measures 4+/5 at the left psoas, quadriceps, and hamstring. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement. Also, efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the documentation provided there is a lack of symptomatology to support the medical necessity of a muscle relaxant. As such this request is non-certified.