Case Number:	CM14-0007297		
Date Assigned:	02/10/2014	Date of Injury:	06/12/2008
Decision Date:	07/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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:

Medical records from 2013 were reviewed. Patient complained of pain in the neck, low back, and bilateral upper and lower extremities, graded 5 to 7/10 in severity. Pain was described as burning and aching; aggravated by movement and relieved by medications. Neck pain radiated to bilateral upper extremities associated with numbness and tingling sensation, right worse than left. Low back pain radiated to bilateral lower extremities associated with numbness and tingling sensation, right worse than left. Aggravating factors included repetitive pushing, pulling, lifting, overhead activities, prolonged standing, walking, and squatting. No side effects were noted from medications. She denied nausea or constipation. Physical examination revealed tenderness of the paracervical, parathoracic and paralumbar muscles. Cervical facet joints loading was positive. Range of motion of the lumbar spine was restricted. Motor testing of the right upper extremity and lower extremity was graded for 4+/5. Hyperreflexia was noted at bilateral upper and lower extremities. Sensation was diminished at the right C5, C6, L4, L5, and S1 dermatomes. X-ray of the cervical spine from October 2013 revealed severe disks space narrowing at C4 to C5, C5 to C6, and C6 to C7. Posterior osteophytes were seen at C4 to C5 and C5 to C6 levels. X-ray of the thoracic spine showed multiecho spondylosis of the thoracic X-ray of the lumbar spine showed right-sided scoliosis, severe disks narrowing at L2 to S1 levels, and retrolisthesis at L2 to L3 level. EMG (electromyogram)/NCV (nerve conduction velocity) of bilateral upper/lower extremities, dated October 24, 2013, revealed evidence of a demyelinating left median neuropathy at the wrist (carpal tunnel syndrome) affecting the sensory components. There was no electrodiagnostic evidence of focal nerve entrapment at the lower limbs, cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper or lower limbs. Treatment to date has included aquatic therapy, physical therapy, and medications such as Norco, ketoprofen, ibuprofen, Prilosec, and LidoPro topical ointment. Utilization review

from December 20, 2013 denied the request for retro Lidopro topical ointment 4 ounces #1 because topical formulation of lidocaine is not recommended; denied EMG/NCV of all four extremities because a previous study was performed on October 24, 2013 and there was no rationale for a repeat testing; denied aquatic therapy #1 because there was no documentation that the previous aquatic therapy provided functional improvement; denied magnetic resonance images of cervical spine #1 and lumbar spine because the EMG/NCV result found no electrodiagnostic evidence of cervical radiculopathy and lumbar radiculopathy, respectively, that may warrant MRI; denied magnetic resonance images of thoracic spine #1 because there was no documentation of unequivocal findings that identify specific nerve compromise of the thoracic spine on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO LIDOPRO TOPICAL OINTMENT 4 OUNCES #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105; 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

Decision rationale: LidoPro topical ointment contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated in the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been complaining of persistent pain at the neck, low back, and bilateral upper / lower extremities. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. There is no discussion concerning intolerance to oral medications. The retrospective request for Lidopro topical ointment 4 ounces is not medically necessary or appropriate.

ELECTROMYOGRAPGHY RIGHT UPPER EXTREMITY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Physical examination revealed weakness, hyperreflexia, and dysesthesia at the right upper extremity. However, a previous EMG/NCV (nerve conduction velocity) study was performed on October 24, 2013, revealing no cervical radiculopathy, or generalized peripheral neuropathy affecting the upper limbs. There is no compelling indication for a repeat EMG at this time.The request for an EMG of the right upper extremity is not medically necessary or appropriate.

ELECTROMYOGRAPGHY LEFT UPPER EXTREMITY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: The Neck and Upper Back Complaints Chapter of the 2007-revised ACOEM Practice Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Physical examination of the left upper extremity was unremarkable. Moreover, previous EMG/NCV study was performed on October 24, 2013, revealing evidence of a demyelinating left median neuropathy at the wrist (carpal tunnel syndrome) affecting the sensory components. There is no compelling indication for a repeat EMG at this time. The request for an EMG of the left upper extremity is not medically necessary or appropriate.

ELECTROMYOGRAPGHY RIGHT LOWER EXTREMITY #1: 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 rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient has persistent low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation, right worse than left. Physical examination

revealed weakness, hyperreflexia, and dysesthesia at the right lower extremity. However, previous EMG/NCV was performed on October 24, 2013, revealing no electrodiagnostic evidence of focal nerve entrapment at the lower limbs, lumbar radiculopathy, or generalized peripheral neuropathy. There is no compelling indication for a repeat EMG at this time. The request for an EMG of the right lower extremity is not medically necessary or appropriate.

ELECTROMYOGRAPGHY OF LEFT LOWER EXTREMITY #1: 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 rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient has persistent low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation, right worse than left. Physical examination of the left lower extremity was unremarkable. Moreover, previous EMG/NCV was performed on October 24, 2013, revealing no electrodiagnostic evidence of focal nerve entrapment at the lower limbs, lumbar radiculopathy, or generalized peripheral neuropathy. There is no compelling indication for a repeat EMG at this time. The request for an EMG of the left lower extremities is not medically necessary or appropriate.

NERVE CONDUCING VELOCITY OF RIGHT UPPER EXTREMITY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Physical examination revealed weakness, hyperreflexia, and dysesthesia at the right upper extremity. However, a previous EMG/NCV study was performed on October 24, 2013, revealing no cervical radiculopathy, or generalized peripheral neuropathy affecting the upper limbs. There is no compelling indication

for a repeat NCV at this time. The request for an NCV of the right upper extremity is not medically necessary or appropriate.

NERVE CONDUCTING VELOCITY OF LEFT UPPER EXTREMITY # 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. Physical examination of the left upper extremity was unremarkable. Moreover, previous EMG/NCV study was performed on October 24, 2013, revealing evidence of a demyelinating left median neuropathy at the wrist (carpal tunnel syndrome) affecting the sensory components. There is no compelling indication for a repeat NCV at this time.The request for an NCV of the left upper extremity is not medically necessary or appropriate.

NERVE CONDUCTING VELOCITY OF RIGHT LOWER EXTREMITY #1: Upheld

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

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient has persistent low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation, right worse than left. Physical examination revealed weakness, hyperreflexia, and dysesthesia at the right lower extremity. However, previous EMG/NCV was performed on October 24, 2013, revealing no electrodiagnostic evidence of focal nerve entrapment at the lower limbs, lumbar radiculopathy, or generalized

peripheral neuropathy. There is no compelling indication for a repeat NCV at this time. The request for an NCV of the right lower extremity is not medically necessary or appropriate.

NERVE CONDUCTING VELOCITY OF LEFT LOWER EXTREMITY #1: Upheld

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

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient has persistent low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation, right worse than left. Physical examination of the left lower extremity was unremarkable. Moreover, previous EMG/NCV was performed on October 24, 2013, revealing no electrodiagnostic evidence of focal nerve entrapment at the lower limbs, lumbar radiculopathy, or generalized peripheral neuropathy. There is no compelling indication for a repeat NCV at this time. The request for an NCV of the left lower extremity is not medically necessary or appropriate.

AQUATIC THERAPY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has been complaining of persistent pain at the cervical, lumbar, and bilateral upper / lower extremities. Medical records submitted and reviewed indicate that patient underwent previous aquatic therapy sessions; patient reported benefits from aqua therapy. However, the total number of sessions attended was not documented. Moreover, there was no data on body mass index; there was no indication why the patient could not participate in a land-based physical therapy program. Lastly, the body part to be treated was not specified. The request for aquatic therapy is not medically necessary or appropriate.

MAGNETIC RESONANCE IMAGES OF CERVICAL SPINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient has persistent cervical pain radiating to bilateral upper extremities corroborated by findings of tenderness, positive cervical facet joint loading; and weakness, dysesthesia, and hyperreflexia of the right upper extremity. However, EMG/NCV of bilateral upper extremities, dated October 24, 2013, revealed left carpal tunnel syndrome, absence of cervical radiculopathy, and absence of generalized peripheral neuropathy affecting the upper limbs. Review of progress notes did not document that patient is a surgical candidate requiring MRI of the cervical spine for elucidating its anatomy. There is likewise no evidence that the patient has failed conservative management. There is no compelling indication for MRI at this time. The request for MRI of the cervical spine is not medically necessary or appropriate.

MAGNETIC RESONANCE IMAGES OF THORACIC SPINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines,, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least one month of conservative therapy. In this case, patient complained of persistent upper and lower back pain radiating to bilateral upper and lower extremities. Physical examination revealed tenderness, weakness, hyperreflexia and dysesthesia at the right upper and lower extremities. X-ray of the thoracic spine, undated, showed multiecho spondylosis of the thoracic. However, EMG/NCV of bilateral upper and lower extremities, dated October 24, 2013, revealed absence of radiculopathy, and absence of generalized peripheral neuropathy or focal nerve entrapment affecting the upper or lower limbs. Review of progress notes did not document that patient is a surgical candidate requiring MRI of the thoracic spine for elucidating its anatomy. There is likewise no evidence that the patient has

failed conservative management. There is no compelling indication for MRI at this time.The request for an MRI of the thoracic spine is not medically necessary or appropriate.

MAGNETIC RESONANCE IMAGES OF LUMBAR SPINE #1: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation. Physical examination revealed weakness, dysesthesia, and hyperreflexia at the right lower extremity. Lumbar spine was positive for tenderness and limitation of motion. However, EMG/NCV of bilateral lower extremities, dated October 24, 2013, revealed absence of lumbar radiculopathy, and absence of generalized peripheral neuropathy or focal nerve entrapment affecting the lower limbs. Review of progress notes did not document that patient is a surgical candidate requiring MRI of the lumbar spine for elucidating its anatomy. There is likewise no evidence that the patient has failed conservative management. There is no compelling indication for MRI at this time.The request for an MRI of the lumbar spine is not medically necessary or appropriate.