

Case Number:	CM14-0011796		
Date Assigned:	02/21/2014	Date of Injury:	03/27/2009
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 Neurology, and is licensed to practice in California and Indiana. 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 (IW) is a 53 YO male with a reported date of Injury on 3/27/09. The IW was lifting a desk when he reported sudden onset of pain in his back that also radiated down the back of his left leg. An MRI revealed a disc herniation at the L4-L5 level. The IW is status post lumbar decompression and fusion on 5/2/13. A neurological examination from 7/13/13 revealed only a mild (4+/5) decrease in strength at the Extensor Hallicus Longus muscles bilaterally. The reflex exam of the lower extremities was symmetric bilaterally at 1+ at the patellar and Achilles tendons. Although the IW reports some intermittent numbness in the lower extremities, the sensory exam was reported as normal. The IW has been treated with opioids for pain control and has signed a contract in order to do this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL COMPOUNDED CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: MTUS reference of Chronic Pain Medical Treatment Guidelines with regards to topical analgesics considers the use to be experimental with a lack of trials to determine either efficacy or safety. They can be used for neuropathic pain when antidepressants and anticonvulsants have failed. In this case, the documentation does not indicate he has failed antidepressant therapy. The IW has been prescribed Neurontin in addition to opioids for pain control. The lack of clinical evidence to support the use of transdermal therapy in addition to an incomplete trial of antidepressant therapy is sufficient to deny the use of transdermal compounded creams. Transdermal Compounded Creams is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

Decision rationale: The Algorithm for treating patients with slow to recover patients with occupational low back complaints recommends not obtaining additional diagnostic studies (EMG and nerve conduction studies) or additional imaging in patients that do not have neurological symptoms in the lower limbs. In this case, the patient is status post lumbar decompression and fusion at the L4-L5 level and his exam shows only mild weakness (a subjective evaluation) in the Extensor Hallicus Longus muscle (primarily an L5 innervated muscle). This does not constitute a neurological symptom that is objective that would need further evaluation with either EMG or Nerve Conduction studies of the bilateral lower extremities or a Lumbar Spine MRI without contrast. Magnetic Resonance Imaging (MRI) Without Contrast Lumbar Spine is not medically necessary.

ELECTROMYOGRAPHY(EMG) BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

Decision rationale: The Algorithm for treating patients with slow to recover patients with occupational low back complaints recommends not obtaining additional diagnostic studies (EMG and nerve conduction studies) or additional imaging in patients that do not have neurological symptoms in the lower limbs. In this case, the patient is status post lumbar decompression and fusion at the L4-L5 level and his exam shows only mild weakness (a subjective evaluation) in the Extensor Hallicus Longus muscle (primarily an L5 innervated muscle). This does not constitute a neurological symptom that is objective that would need further evaluation with either EMG or Nerve Conduction studies of the bilateral lower extremities or a Lumbar Spine MRI without contrast. Electromyography (EMG) Bilateral Lower Extremities is not medically necessary.

NERVE CONDUCTION STUDY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313.

Decision rationale: The Algorithm for treating patients with slow to recover patients with occupational low back complaints recommends not obtaining additional diagnostic studies (EMG and nerve conduction studies) or additional imaging in patients that do not have neurological symptoms in the lower limbs. In this case, the patient is status post lumbar decompression and fusion at the L4-L5 level and his exam shows only mild weakness (a subjective evaluation) in the Extensor Hallicus Longus muscle (primarily an L5 innervated muscle). This does not constitute a neurological symptom that is objective that would need further evaluation with either EMG or Nerve Conduction studies of the bilateral lower extremities or a Lumbar Spine MRI without contrast. Nerve Conduction Study of Bilateral Lower Extremities is not medically necessary.