

<b>Case Number:</b>	CM14-0014784		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 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 49-year-old male who was injured on October 23, 2012 when he was loading his truck. Prior treatment history has included the patient undergoing right L5 and S1 transforaminal epidural steroid injection on February 19, 2013 and right L5-S1 laminotomy, neural foraminotomy, partial facetectomy and microdiscectomy on April 30, 2012. The patient has received physical therapy sessions before without documented number of sessions and duration. According to the physical therapy notes dated August 07, 2013, the patient's response to physical therapy was fair. A progress note dated December 04, 2013 documented the patient with complaints of low back pain associated with night pain and numbness and pain in his right leg and right foot. The pain is aggravated by physical activities. Current medications include hydrocodone. The patient reports numbness and tingling in the right leg and foot. The patient has depression, anxiety and nervousness. Objective findings on examination of the lumbar spine reveal the patient is able to heel-toe walk without pain. Range of motion is full. Straight leg raise test is positive on the right at 80 degrees. Nachlas test is positive bilaterally. The patients' diagnoses include lumbar spine intervertebral disc syndrome with radiculopathy; and he is status post lumbar spine surgery. Treatment recommendations are for compounded creams and medications for the treatment of industrial injuries to include Capsaicin (0.025%), Flurbiprofen (15%), Tramadol (15%), Camphor (2%), Menthol (2%), Flurbiprofen (25%), Cyclobenzaprine (2%), Flexeril 10mg, Omeprazole 20mg, Ibuprofen 800mg, Vicodin 5/500mg, Neurontin 300mg. As well as an MRI scan of the lumbar spine; Initial functional capacity assessment; undergo PF/EMG/NCV testing of the lumbar spine; course of multiple modality physical therapy; acupuncture treatment; electric stimulator TENS/EMS unit; interferential simulator unit; a spine localized intense neurostimulation therapy for the lumbar spine; and hot/cold therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (once a week for six weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The patient has been diagnosed with lumbosacral degenerative disc disease with radiculopathy. There is no indication that the pain medications are reduced or not tolerated. There is no recent history of any surgical intervention. Furthermore, he has received unknown number and duration of physical therapy; however, the physical therapy progress notes are not available for review. Therefore, the above criteria are not met and the request for acupuncture treatments is not medically necessary.

**Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page(s) 132-139.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21-22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 511.

**Decision rationale:** According to the ACOEM guidelines, Functional capacity evaluations (FCEs) may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. According to the California MTUS guidelines, a FCE is recommended when necessary to translate medical impairment into functional limitations and determine work capability. In this case, there is no documentation that indicates if the employee has had prior unsuccessful return to work attempts that the employee requires a modification for return to work. Furthermore, there is little to no scientific evidence to support the functional capacity evaluation's predictive value in an individual's actual capacity to perform in the workplace. Thus, the request for functional capacity evaluation is not medically necessary.

**Chiro/Physio Therapy (once a week for six weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58-59, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58-59, 98-99.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The medical records show that the patient has received physical therapy, of unknown number of visits, with fair response. Furthermore, there is no documentation of any improvement in the objective measurements such as pain level, range of motion or strength. Therefore, the medically necessary of the requested service cannot be established.

**Compound Medication Containing: Capsaicin (0.025%), Flurbiprofen (15%), Tramadol (15%), Menthol (2%) and Camphor (2%), 240gm,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, capsaicin is recommended only as an option in patients who have not responded or are tolerant to other treatments, neither of which is documented in this patient. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary.

**Compound Medication Containing: Flurbiprofen (25%) and Cyclobenzaprine (02%), 240gm,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary.

## **Voltage Actuated Sensory Nerve Conduction (VsNCT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid Services (CMS) Guidelines.

**Decision rationale:** The California MTUS Guidelines and the Official Disability Guidelines do not discuss the issue in dispute. Voltage-Actuated Sensory Nerve Conduction threshold (VsNCT) testing is considered experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. The V-sNCT measures the voltage amplitude necessary to cause a discernible nerve impulse. Then the VsNCT results are adjusted and compared to population means. The most severe hypoesthesia is considered the primary lesion. There is no peer-reviewed published medical literature on the use of voltage-actuated sensory nerve conduction tests and their impact on clinical outcomes. In March 2004, the Center for Medicare and Medicaid Services (CMS) re-affirmed its non-coverage policy on the CPT and sensory nerve conduction threshold test (sNCT); CMS (2004) concluded that there continues to be insufficient scientific or clinical evidence to consider the sNCT test and the device used in performing this test as reasonable and necessary. Therefore, VsNCT is considered not medically necessary.