

<b>Case Number:</b>	CM14-0015225		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

The patient is a 53-year-old male who has submitted a claim for right lumbar radiculopathy associated with an industrial injury date of 05/03/2013. Medical records from 12/12/2013 to 01/24/2014 were reviewed and showed that patient complained of 3/10 throbbing low back pain radiating to right lower extremity. The pain was aggravated with standing and walking. Physical examination revealed midline lumbar tenderness. Lumbar ROM was decreased due to pain. MMT was 5/5 except for right L4 and L5 (3+/5) motor distribution. There was decreased sensation to light touch over right L4 dermatomal distribution. SLT test was positive at 30 degrees on the right calf and negative to 45 degrees on the left in the sitting and supine positions. NCS of bilateral lower extremities dated 01/03/2014 revealed very severe right L4-S1 radiculopathy. EMG of bilateral lower extremities done 02/06/14 revealed right peroneal neuropathy, right tibial neuropathy, left chronic L5 radiculopathy and right chronic L5 radiculopathy vs. peroneal neuropathy. Treatment to date has included physical therapy, chiropractic care, and pain medications and creams. A Utilization Review, dated 01/24/2014, did not grant the request for EMG/NCS of bilateral lower extremities since radicular pain was clinically present. Utilization Review, dated 01/24/2014, did not grant the request for prescription of Naproxen cream 240g with one refill because there were no long-term studies regarding the effectiveness and/or safety of Naproxen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG 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.

**Decision rationale:** According to page 303 of the California MTUS ACOEM Low Back Chapter, 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, the patient had chronic low back pain radiating to the right lower extremity. Clinical manifestations of weakness, dysesthesia, and positive SLR at the right lower extremity are consistent with focal neurologic deficit. The medical necessity of EMG at the right leg has been established. However, the present request as submitted also included testing of the contra lateral leg. Physical examination findings were not consistent with radiculopathy at the left; hence, EMG is not warranted. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

**NCS 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 Official Disability Guidelines.

**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 California 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 based on radiculopathy. In this case, the patient had chronic low back pain radiating to the right lower extremity. Objective evidences of radiculopathy were present. MMT was 5/5 except for right L4 and L5 (3+/5) motor distribution. There was also decreased sensation to light touch over right L4 dermatomal distribution. Clinical manifestations at the right leg strongly indicate the presence of radiculopathy; hence, NCV is not warranted. Therefore, the request for NCS of the bilateral lower extremities is not medically necessary.

**NAPROXEN CREAM 240G WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow, or other joints amenable to topical treatment. There is little evidence for the spine, hip, or shoulder. The only FDA approved agent is Voltaren Gel 1% (Diclofenac). In this case, there is no documentation of failure of or intolerance to oral pain medications. Furthermore, topical NSAID application over the spine is not recommended. Therefore, the request for Naproxen cream 240gm with one refill is not medically necessary.