

Case Number:	CM14-0113708		
Date Assigned:	08/01/2014	Date of Injury:	03/27/2007
Decision Date:	09/11/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 45 year old with an injury date on 3/27/07. In the absence of progress reports, the utilization review letter dated 6/19/14 gave the diagnosis as lumbar disc herniation and radiculopathy. No physical exam was included in provided reports, but the utilization review letter dated 6/19/14 stated patient had a positive straight leg raise test on the right per 5/22/14 report. [REDACTED] is requesting (EMG) electromyography of the left lower extremity, (EMG) electromyography of the right lower extremity, (NCV) nerve conduction velocity of the left lower extremity, (NCV) nerve conduction velocity of the right lower extremity, and Fluriprofen 20% / Cyclobenzaprine 10% / Menthol 14% cream, 180 grams. The utilization review determination being challenged is dated 6/19/14 and denies EMG of right lower extremity as they are not recommended in cases where symptoms are clearly radicular. [REDACTED] is the requesting provider, and no treatment reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyogram to the left lower extremity.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: The patient's subjective pain was not included in the provided reports. The treater has asked for (EMG) electromyography of the left lower extremity on 6/24/14. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records do not show prior EMG/NCV studies. In this case, the treater has asked for EMG lower extremities, but a straight leg raise was positive only on the right side. However, ACOEM allows EMG with H-reflex for back pain and not just for leg symptoms. Therefore, this request is medically necessary.

(EMG) Electromyogram to the right lower extremity.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 303; 366-367.

Decision rationale: The patient's subjective pain was not included in the provided reports. The treater has asked for (EMG) electromyography of the right lower extremity on 6/24/14. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. The review of the records do not show prior EMG/NCV studies. In this case, the treater has asked for EMG of lower extremities which is reasonable considering persistent radiculopathy with radiating right leg pain. Therefore, this request is medically necessary.

(NCV) Nerve conduction study to the left lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: The patient's subjective pain was not included in the provided reports. The treater has asked for (NCV) nerve conduction velocity of the left lower extremity on 6/24/14. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, this request is not medically necessary.

(NCV) Nerve conduction study to the right lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303; 366-367.

Decision rationale: The patient's subjective pain was not included in the provided reports. The treater has asked for (NCV) nerve conduction velocity of the right lower extremity on 6/24/14. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, this request is not medically necessary.

Flurbiprofen 20%/cyclobenzaprine 10%/menthol 14% cream, 180 grams.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113 Page(s): 111-113, 105.

Decision rationale: The patient's subjective pain was not included in provided reports. The treater has asked for Fluriprofen 20% / Cyclobenzaprine 10% / Menthol 14% cream, 180 gram on 6/24/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Cyclobenzaprine for topical use. As topical Cyclobenzaprine is not indicated, the entire compound is also not indicated for use. Therefore, this request is not medically necessary.