

Case Number:	CM14-0159691		
Date Assigned:	10/03/2014	Date of Injury:	10/23/2011
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 in Emergency Medicine and is licensed to practice in Texas. 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 is a 52-year-old female who reported an injury on 10/23/2011, due to an unknown mechanism. Diagnosis was lumbar spine HNP, lumbar radiculopathy, and right knee meniscal tear. Physical examination dated 09/03/2014 revealed pain reported as a 5/10. The injured worker complained of burning, radicular low back pain and muscle spasms. The pain was rated a 9/10. There were complaints of right knee pain and muscle spasms, greater on the left. The injured worker rated the pain a 9/10. Range of motion for the lumbar spine was decreased. Tripod sign was positive on the left and the right. Flick test was positive on the left and the right. Examination of the right knee revealed 1+ edema. There was tenderness to palpation at the medial and lateral joint line and at the patellofemoral joint. No anterior or posterior cruciate ligament instability. No medial or lateral collateral ligament instability. McMurray's test was positive. Neurological examination for bilateral lower extremities revealed sensation to pinprick and light touch was slightly diminished over the L4, L5, and S1 dermatomes in the bilateral lower extremities. Motor strength in the bilateral lower extremities was slightly decreased secondary to pain. Patellar and Achilles tendon reflexes were 2+ in the bilateral lower extremities. Medications were Deprizine, Dicopanol, Fanatrex, Synaprn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, and Gabapentin. Treatment plan was for a referral to an orthopedist for a consultation, EMG/NCV of the bilateral lower extremities, and neurosurgeon consultation. The rationale and Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of localized intense neurostimulation therapy (LINT): 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES,TENS Page(s): 121,114-116.

Decision rationale: The decision for six (6) sessions of localized intense neurostimulation therapy (LINT) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to stop its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. It was not reported that physical therapy and acupuncture have failed. The rationale was not reported for this request. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

One (1) neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for one (1) neurosurgeon consultation is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aide in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. It was not reported what the injured worker was being referred to a neurosurgeon for. The clinical information submitted for review does not justify a referral to a neurosurgeon. Therefore, this request is not medically necessary.

One (1) EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Study

Decision rationale: The decision for one (1) EMG/NCV of bilateral lower extremities is not medically necessary. The California ACOEM states that electromyography (EMG) including H reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. EMGs are not necessary if radiculopathy is present upon examination. The Official Disability Guidelines state for nerve conduction studies, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There were no specialty tests such as straight leg raise to check for radicular symptoms. The neurological deficits of motor strength, sensory response, and reflexes were present on examination which is suggestive of radiculopathy. The guidelines do not support EMGs if radiculopathy is present on examination. Therefore, this request is not medically necessary.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112.

Decision rationale: The decision for Terocin patch is not medically necessary. Per drugs.com, Terocin is a topical analgesic that contains capsaicin/lidocaine/menthol/methyl salicylate. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The efficacy of this medication was not reported. It was not reported where the Terocin patches were being used. The request does not indicate a frequency or a quantity for the medication. Therefore, this request is not medically necessary.

One (1) orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for one (1) orthopedic consultation is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. It was not reported what the injured worker was being referred to a neurosurgeon for. The clinical information submitted for review does not justify a referral to a neurosurgeon. Therefore, this request is not medically necessary.