

<b>Case Number:</b>	CM14-0179688		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Physical Medicine and 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 injured worker is a 54 year old male who reported an injury on 12/02/2012 due to an unknown mechanism. The physical examination dated 02/26/2014 revealed a diagnosis of lateral epicondylitis bilateral. The injured worker reported that bilateral elbows were part of the original claim and that he was to make an appointment to follow up on new complaints. The examination revealed the bilateral elbows had full range of motion with flexion and extension, pronation, and supination. There was tenderness to palpation over the lateral epicondyle of the right elbow and pain over the lateral epicondyle with resisted wrist extension. The examination of the left elbow revealed no tenderness to palpation over the lateral epicondyle. There was tenderness to palpation over the olecranon bursa. The neurological exam was intact. The injured worker was given an injection into the right lateral epicondyle. Physical therapy was recommended for 2 times a week for 4 weeks. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCS (nerve conduction study) of the bilateral upper extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies, (NCS)

**Decision rationale:** The California ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. The California ACOEM states that electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The physical exam noted tenderness and spasm. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. Therefore, the request for EMG/NCS of the bilateral upper extremities is not medically necessary.

**Lidoderm 5% patch, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Topical Salicylates Page(s): 111, 112, 105.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled 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. 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 medication (tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. It was not indicated in the medical records provided that there was a trial of a tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica that has failed. The medical guidelines also state that Lidoderm is for the

treatment of neuropathic pain. The injured worker was not reported to have had neuropathic pain. Also, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.