

Case Number:	CM14-0026235		
Date Assigned:	06/13/2014	Date of Injury:	08/05/2012
Decision Date:	07/30/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/02/2014

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 Illinois. 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 49-year-old male with a reported date of injury on 08/08/2012. The mechanism of injury was not provided within the medical records. The injured worker presented with sharp neck pain and muscle spasms. The injured worker rated his pain at 6-7/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 25 degrees, extension to 20 degrees, bilateral rotation to 20 degrees, left lateral flexion to 25 degrees, and right lateral flexion to 5 degrees. The lumbar spine range of motion revealed extension to 10 degrees, right lateral flexion to 10 degrees, and left lateral flexion to 15 degrees. In addition, the injured worker presented with a positive straight leg raise bilaterally. An MRI of the cervical spine dated 01/05/2014 revealed a central focal disc protrusion at C4-5, C5-6, and C6-7. The MRI of the lumbar spine dated 01/05/2014 revealed no significant disc bulge from T12 down to L4. In addition, the MRI visualized a broad based disc protrusion at L4-5 and a left paracentral disc protrusion at L5-S1. Previous physical therapy or conservative care not provided within the documentation available for review. The injured worker's diagnoses included cervical spine radiculopathy, low back pain, lumbar spine radiculopathy, other specified disorder of male genital organs, and scrotal varicocele. The injured worker's medication regimen was not included within the clinical information available for review. The request for authorization for Terocin patches, quantity unknown, electromyography (EMG) upper extremities, nerve conduction velocity (NCV) upper extremities, electromyography (EMG) lower extremities, nerve conduction velocity (NCV) lower extremities, and shockwave therapy cervical spine and lumbar spine unknown quantity was not submitted. The provider recommended Terocin patches for pain relief. The rationale for the other requests was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, quantity unknown: 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.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option although largely experimental in use with few, randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches are comprised of menthol and Lidocaine. The California MTUS Guidelines state that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The provider recommended the addition of Terocin patches to the injured worker's medication regimen for pain relief. There is a lack of documentation related to the medication regimen utilized by the injured worker. There is a lack of documentation related to a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). In addition, the guidelines state that no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request as submitted failed to provide the frequency at which the medication is to be used, the site at which the medication is to be used, and the quantity of patches requested. Therefore, the request for Terocin patches, quantity unknown, is not medically necessary.

Electromyography (EMG) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM states that unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocity (NCV) may help to identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The MRI of the cervical spine and the MRI of the lumbar spine, both dated 01/05/2014 did not reveal signs of impingement or diagnostic imaging to correlate

with signs of neurologic deficit. The clinical information provided for review lacks documentation of findings of neurologic deficit upon physical examination. Within in the clinical note dated 12/23/2013, the physician indicates the injured worker has decreased range of motion and decreased motor strength, as well as intact sensation of the upper extremities. There is a lack of objective clinical findings of functional deficits, to include range of motion values. Therefore, the request for electromyography (EMG) upper extremities is not medically necessary.

Nerve conduction velocity (NCV) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California/ACOEM Guidelines state that unequivocal finding that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocity (NCV) may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The MRI of the cervical spine and the MRI of the lumbar spine, both dated 01/05/2014 did not reveal signs of impingement or diagnostic imaging to correlate with signs of neurologic deficit. The clinical information provided for review lacks documentation of objective clinical findings of neurologic deficit upon physical examination. Within in the clinical note dated 12/23/2013, the physician indicates the injured worker has decreased range of motion and decreased motor strength, as well as intact sensation of the upper extremities. There is a lack of objective clinical findings of functional deficits, to include range of motion values. Therefore, the request for nerve conduction velocity (NCV) upper extremities is not medically necessary and appropriate.

Electromyography (EMG) 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): 303-305.

Decision rationale: The California/ACOEM Guideline state that electromyography may be useful to identify subtle, focal, neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The rationale for the request is not provided within the documentation available for review. The lumbar MRI dated 01/05/2014 did not reveal objective signs of impingement. The clinical information provided for review lacks documentation of findings of neurologic deficit upon physical examination. Within the clinical note dated

12/23/2013, the physician indicated the injured worker presented with right positive straight leg raise, "slightly" diminished sensation to right lower extremity and decreased motor strength. There is a lack of objective clinical findings of the injured worker's functional deficits, to include range of motion values and dermatomes involved in the areas of decreased sensation. Therefore, the request for electromyography (EMG) lower extremities is not medically necessary and appropriate.

Nerve Conduction Velocity (Ncv) Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, Nerve Conduction Studies (NCS).

Decision rationale: The California/ACOEM Guideline state that electromyography may be useful to identify subtle, focal, neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The rationale for the request is not provided within the documentation available for review. The lumbar MRI dated 01/05/2014 did not reveal objective signs of impingement. The clinical information provided for review lacks documentation of findings of neurologic deficit upon physical examination. Within the clinical note dated 12/23/2013, the physician indicated the injured worker presented with right positive straight leg raise, "slightly" diminished sensation to right lower extremity and decreased motor strength. There is a lack of objective clinical findings of the injured worker's functional deficits, to include range of motion values and dermatomes involved in the areas of decreased sensation. Therefore, the request for electromyography (EMG) lower extremities is not medically necessary and appropriate.

Shock wave therapy cervical spine and lumbar spine, unknown quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation n/a.

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, Shock Wave Therapy.

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shockwave for treating low back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The rationale for the request was not provided within the documentation available for review. In addition, the guidelines do not recommend they use of shockwave therapy. The request as submitted failed to provide the quantity and frequency being requested. Therefore, the request for shockwave therapy cervical spine and lumbar spine, unknown quantity, is not medically necessary.

