

<b>Case Number:</b>	CM14-0026682		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured employee is a 49 year old male injured on 03/17/13 due to an unknown mechanism of injury. Current diagnoses included possible lumbar discogenic pain, possible bilateral lumbar facet pain L4-5 and L5-S1, possible lumbar sprain/strain, left lumbosacral radicular pain at L5-S1, possible cervical discogenic pain, possible left cervical facet pain at C4-5 and C5-6, possible cervical sprain/strain, left cervical radicular pain at C6, plantar fasciitis left foot, ganglion cyst left ankle, clinical left carpal tunnel syndrome with abnormal nerve conduction study. Clinical note dated 01/13/14 indicated the injured worker presented complaining of constant low back pain radiating down left lower extremity with associated numbness and tingling and weakness and cramping and burning. Additionally, the injured worker complained of neck pain radiating into the left upper extremity with associated numbness and tingling and weakness and cramping. The injured worker rated his pain at 5-7/10 aggravated with activities and improved with change in position. Medication regimen included Anaprox 550mg twice daily, Prilosec 20mg once daily, Flexeril 7.5mg every evening, and Vicodin 5/500mg twice daily. The injured worker reported medication induced gastritis and dyspepsia requiring the use of Prilosec. Physical examination of the cervical spine revealed midline tenderness extending from C3-6, cervical facet tenderness noted at C4 through C6, no occipital tenderness, left trapezial tenderness, and decreased range of motion. Physical examination of the mid back revealed midline tenderness extending from L3-S1, bilateral lumbar facet tenderness, mild sacroiliac and sciatic notch tenderness, thoracic and lumbar spine movements remained painful, straight leg raise and Lasegue positive on the left, inability to walk on toes and heels, hypoalgesia in the left L5-S1 nerve root to the lower extremities, hypoalgesia in distribution of left C6 nerve root, weakness of left upper extremity and left lower extremity, and weakness of left hand grip compared to the right. Official reports for the EMG/NCV of the upper extremities and MRI of cervical spine and

lumbar spine were not provided for review. The initial request for caudal epidural block with left L4-5 transforaminal block, NCS left lower extremity, NCS right lower extremity, Flexeril 7.5mg tablets #30, ultrathin topical cream (methyl salicylate 28%, menthol 10%, and Capsaicin 0.025%) four ounces #1, and chiropractic physical therapy #6 was initially non-certified on 02/06/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CAUDAL EPIDURAL BLOCK WITH LEFT L4-L5 TRANSFORAMINAL BLOCK:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. As such, the request is not recommended as medically necessary.

#### **NERVE CONDUCTION STUDIES (NCS) OF LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 12, page 61.

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As such, the request cannot be recommended as medically necessary.

#### **NERVE CONDUCTION STUDIES (NCS) OF RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 12, page 61.

**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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As such, the request for NCS right lower extremity cannot be recommended as medically necessary.

**FLEXERIL 7.5MG TABLETS, QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 7.5mg tablets, QTY: 30.00 cannot be established at this time.

**ULTRACIN TOPICAL CREAM (METHYLSALICYLATE 28%, MENTHOL 10%, AND CAPSAICIN 0.025%) 4 OZ., QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Ultracin

Topical Cream (Methylsalicylate 28%, Menthol 10%, And Capsaicin 0.025%) 4 Oz., QTY: 1.00 cannot be recommended as medically necessary.

**CHIROPRACTIC PHYSICAL THERAPY, QTY: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Manual therapy & manipulation Page(s): 59.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the injured worker has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. A trial of 3-4 treatments is appropriate to assess functional improvement. As such, the request for chiropractic physical therapy, QTY: 6.00 cannot be recommended as medically necessary.