

Case Number:	CM14-0033871		
Date Assigned:	06/20/2014	Date of Injury:	09/29/2011
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 60-year-old male who sustained an injury to the lower back on 09/29/11 while administering injections to a baby calf under a shed. The treatment to date has consisted of medications, acupuncture and chiropractic therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, pain management and two epidural steroid injections (ESI's). History is positive for diabetes mellitus. MRI of the right shoulder on 02/10/12 revealed a full-thickness tear of the distal supraspinatus tendon demonstrating a 1.3 centimeter retraction, mild infraspinatus tendinosis, tear of the superior labrum and mild glenohumeral osteoarthritis. MRI of the right hip revealed mild osteoarthritis. An electrodiagnostic study (EMG/NCV) on 04/19/12 revealed a normal nerve conduction velocity (NCV) but abnormal electromyography (EMG) suggestive of bilateral chronic active L5 radiculopathy. On 03/06/14, EMG/NCV of the lower extremities was not certified due to absence of specific neurological deficits and no evidence of progression in symptomatology. Lidoderm Patch was non-certified as the pharmacy history did not include any attempts with first-line agents like Gabapentin. On 05/20/14, the patient reported feeling much better with medications including Tramadol and Meloxicam. There was improvement in bilateral leg pain. The pain level was 7/10. Lumbar spine pain had mildly improved, but increased with prolonged standing, walking or sitting. Examination showed lumbar flexion of 70, extension of 10, left bending 15/20 and left rotation 20/20, tender right SI joint, deep tendon reflexes (DTRs) 0 bilaterally and a negative straight leg raise test. The diagnoses were lumbar degenerative disc disease, bilateral L5 radiculopathy, lumbar disc herniation and lumbar spondylolisthesis at L4-L5. The plan was water exercises, continuing medications and gradually increasing activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: According to the MTUS Guidelines, Topical Analgesics "Lidocaine" is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an atypical antidepressants or anticonvulsants (AED) such as Gabapentin or Lyrica). The medical records do not document trial of first-line therapy. Furthermore, in the absence of documented improvement on the requested medication, the request for Lidoderm patches 3 refills is not medically necessary and appropriate.

EMG of the bilateral lower extremities: Upheld

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

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

Decision rationale: As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, on 04/19/12 EMG was abnormal suggestive of bilateral chronic active L5 radiculopathy. Furthermore, there is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in bilateral lower extremities. Thus, the medical necessity has not been established and the request is not medically necessary.

NCV bilateral lower extremities: Upheld

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

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: According to the MTUS Guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of

nerve dysfunction should be obtained before ordering an imaging study." However, there is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in bilateral lower extremities in this patient. Furthermore, previous NCS on 4/19/12 was normal and there is no evidence of neurological deficits or progression of neurological abnormalities in bilateral lower extremities. Additionally, as per ODG, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Therefore, the request for NCV of the bilateral lower extremities are not medically necessary and appropriate.