

<b>Case Number:</b>	CM14-0036892		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/05/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 40 year old female who reported an injury on 08/11/2008. The mechanism of injury reportedly occurred while repositioning a client. On 09/10/2013 she reported constant moderate to severe back pain rated at a 5/10 that was associated with numbness and tingling of the bilateral lower extremities. A physical examination revealed tenderness with spasms to the lumbar paraspinal muscles and over the lumbosacral junction, decreased range of motion, diminished sensation in the bilateral lower extremities, decreased motor strength in bilateral lower extremities, and positive straight leg raise bilaterally at 30 degrees. Diagnostic studies included a CT scan of the lumbar spine dated 07/25/2013 which showed postoperative changes from a prior two-level transforaminal lumbar interbody fusion at L4-5 and L5-S1, minimal retrolisthesis of L3-4, implanted spinal stimulator, and no visible stenosis or evidence of instability. An EMG/NCV dated 08/29/2013 revealed normal bilateral lower extremity studies, no evidence of acute or chronic lumbar radiculopathy or lumbar nerve root involvement, and no evidence of peripheral polyneuropathy. Her diagnoses were listed as lumbago, lumbar radiculopathy, and status post lumbar spine fusion with residual pain. Other therapies included spinal cord stimulator implantation, surgery, 6 sessions of acupuncture, and medications. The treatment plan was for an electromyogram, nerve conductive velocity, terocine patches, shockwave therapy, physical therapy 18 sessions, and 18 periodic acupuncture sessions. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, EMGs (electromyography).

**Decision rationale:** The request for an Electromyogram (EMG) is non-certified. The injured worker was noted to have had an EMG on 08/29/2013 that revealed normal lower bilateral extremity studies with no evidence of radiculopathy or polyneuropathy. The CA MTUS/ACOEM guidelines state 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 three or four weeks. The use of an EMG is recommended to clarify nerve root dysfunction. It is not recommended when radiculopathy is clinically obvious. The Official Disability Guidelines further state, EMGs 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. The injured worker reportedly had decreased sensation and a positive straight leg raise bilaterally which are both clinical signs of radiculopathy. The submitted request does not specify what site the EMG is for. The rationale for the EMG was also not given. In addition, the rationale for a repeat EMG is unclear as there were no significant changes in symptoms to indicate the need for a repeat study. The injured worker had clinical signs present of radiculopathy, so an EMG would not be supported. As such, the request is non-certified.

**Nerve Conductive Velocity (NVC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 request for a nerve conductive velocity is non-certified. The injured worker had clinical signs of radiculopathy. The Official Disability Guidelines state that nerve conduction studies are not recommended for low back conditions. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician did not provide a rationale for treatment. The submitted request does not specify a site for the NCV. Nonetheless, the request is not supported by the guidelines, as nerve conduction studies are not recommended for low back conditions. Given the above, the request is non-certified.

**Terocine patches: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** The request for Terocine patches is non-certified. The injured worker was noted to have had clinical signs of radiculopathy including decreased sensation and numbness and tingling in the lower extremities. She also reported moderate to severe low back pain. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches include lidocaine. The only FDA approved topical formulation of lidocaine for neuropathic pain is Lidoderm. There is no documentation stating that the injured worker had not tolerated or responded to other treatments. Furthermore, the requesting physician did not indicate the frequency or site of application of the medication. Therefore, the request is non-certified.

**Shockwave therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 request for shock wave therapy is non-certified. The injured worker reported moderate to severe pain in her low back. The Official Disability Guidelines state that the use of shock wave therapy is not recommended for the low back. The available evidence does not support the effectiveness of ultrasound or shock wave 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. In addition, the requesting physician did not specify the number of shockwave treatments being requested. The submitted request does not specify the site of treatment. Nonetheless, shock wave therapy for the low back is not supported by the guideline recommendations. As such, the request is non-certified.

**Physical therapy x18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The request for 18 sessions of physical therapy is non-certified. The California MTUS guidelines state that 8-10 visits of physical therapy is recommended for

neuralgia, neuritis, and radiculitis. The injured worker was noted to have attended at least 18 physical therapy visits. There is no documentation regarding the prior sessions. It was noted that she had decreased range of motion and a decrease in strength. It does not appear that the injured worker had any significant functional deficits. There is no documentation regarding functional improvement to determine the efficacy of the prior sessions. In addition, a rationale for additional physical therapy was not provided. Furthermore, the site of treatment was not specified within the request. The request is not supported by the recommended guidelines. Given the above, the request is non-certified.

**Acupuncture x 18, periodic UDT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Drug testing, page(s) 43 Page(s): 43.

**Decision rationale:** The request for acupuncture x 18 and periodic UDT is non-certified. The injured worker was noted to have attended at least 18 physical therapy sessions and 6 acupuncture sessions. The California Acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines state a time to produce functional improvement of 3 to 6 treatments. There is no documentation regarding the prior acupuncture sessions and/or functional improvement to determine the efficacy of treatment. In addition, the rationale for the acupuncture sessions was not provided. Regarding the request for urine drug testing, the California MTUS guidelines recommend urine drug testing as an option to assess for the use or the presence of illegal drugs. There is no clinical documentation to indicate that the injured worker was misusing medications or that she was suspected of misuse. A rationale for periodic urine drug testing was not specified. The request does not follow recommended guidelines. Given the above, the request is non-certified.