

Case Number:	CM14-0095848		
Date Assigned:	08/18/2014	Date of Injury:	10/23/1988
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a year 67 old female with a work injury dated 10/23/88. The diagnoses include Lumbar Disc Degeneration (722.52); Lumbar Radiculopathy; chronic pain; cervical radiculopathy; medication induced dyspepsia. Under consideration is a request for Electromyography (EMG), Bilateral Lower Extremities; Nerve Conduction Studies (NCS), Bilateral Lower Extremities and Lidocaine 5% patch; one (1) 12hrs on 12hrs off #30 There is an appeal/request for authorization report dated 7/3/14. The documenting physician states that the patient has been followed for chronic low back pain with bilateral lower extremity radiation and her condition has been worsen the past few months. The utilization review physician's basis for non-certification at this time is no examination findings supporting a diagnosis of radiculopathy. Remarkable physical examination findings were noted. On physical exam, the patient was noted to be alert/oriented and cooperative. The patient was observed to be in moderate distress. There was spasm noted in the bilateral paraspinous musculature. Lumbar tenderness was noted upon palpation of the bilateral lumbar paravertebral area. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Motor exam showed decreased strength in bilateral lower extremities. Straight leg raise test with the patient in the seated position was positive in the bilateral lower extremities for radicular pain at 60 degrees. MRI of the Lumbar Spine reveals findings most consistent with radiculopathy. The requesting physician asks for the study since the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment. There is a 1/2/14 appeal for Lidocaine patch denial which states that this patient has previously used Lidoderm patch, which has been effective in providing increased function and improved pain control while reducing the need to escalate opiate medications. The patient has a high pill

burden and there is a need to limit systemic exposure. Per documentation On 5/29/14, the patient complained of neck, low back, upper and lower extremity pain, which she rated at 6/10 intensity with medication, and 10/10 intensity without medication. The patient reports the pain has worsened since her last visit. An electromyogram (EMG) on 06/29/06 suggests normal findings. The patient was previously prescribed lidocaine patch, but was denied last month. Upon cervical examination, there was spinal tenderness noted in C5-7, and the range of motion (ROM) of the cervical spine was limited due to pain. Her sensation of the bilateral upper extremities is intact. Upon lumbar examination, the range of motion was moderately to severely limited. Her pain was increased with flexion and extension. Her sensory exam is in normal limits. The motor exam showed decreased strength of extensor muscles along L4-S1 dermatome in bilateral lower extremities. An MRI impression of lumbar spine, dated 08/04/06, findings include a 1 mm protrusion at L3-4, desiccation and narrowing with 3mm protrusion at L4-5 and also at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Low back-Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: Electromyography (EMG), Bilateral Lower Extremities is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS 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 ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are clearly radicular in nature. The documentation is not clear on how electrodiagnostic studies would change the medical management in this patient with chronic lumbar pain. The request therefore for Electromyography (EMG), Bilateral Lower Extremities is not medically necessary.

Nerve Conduction Studies (NCS), Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

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) Low back-Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: Nerve Conduction Studies (NCS), Bilateral Lower Extremities is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM MTUS 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 ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMG's are not necessary if radiculopathy is already clinically obvious. The documentation indicates that the patient's history and physical are clearly radicular in nature. The documentation is not clear on how electrodiagnostic studies would change the medical management in this patient with chronic lumbar pain. The request therefore for Nerve Conduction Studies (NCS), Bilateral Lower Extremities is not medically necessary.

Lidocaine 5% patch; one (1) 12hrs on 12hrs off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Lidocaine 5% patch; one (1) 12hrs on 12hrs off #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate a diagnoses of post herpetic neuralgia or a failure of first line therapy. The request for Lidocaine 5% patch one (1) 12hrs on 12hrs off #30 is not medically necessary.