

Case Number:	CM14-0096030		
Date Assigned:	07/25/2014	Date of Injury:	10/19/2012
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 10/19/2012. The injured worker reportedly sustained a cervical spine strain while attempting to avoid a forklift accident. The current diagnoses include cervical spine herniated nucleus pulposus with degenerative disc disease, cervical radiculopathy, and lumbar spine sprain/strain. Previous conservative treatment includes chiropractic therapy, physical therapy and acupuncture. The injured worker has undergone an MRI of the cervical and lumbar spine on 04/04/2013; however, these reports were not provided for review. The injured worker reported persistent neck pain with radiation into the upper extremities as well as low back pain with radiation into the lower extremities. The current medication regimen includes gabapentin 100 mg, naproxen, and ketoprofen 75 mg. Physical examination revealed a slightly antalgic gait, no acute distress, tenderness to palpation of the cervical spine and lumbar spine, limited cervical and lumbar range of motion, decreased sensation in the left C6 through C8 dermatomes, decreased sensation in the right L3 through S1 dermatomes, and diminished strength in the upper and lower extremities. Treatment recommendations at that time included a prescription for LidoPro topical ointment and chiropractic therapy. There was no Request for Authorization form submitted for this review. It is noted that the the injured worker underwent an electrodiagnostic study on 05/22/2014, which indicated no evidence of radiculopathy in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro Topical Ointment: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed positive straight leg raising on the right, decreased sensation in the right L3 through S1 dermatomes, limited range of motion, and diminished strength in the bilateral lower extremities. As the Official Disability Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

NCV of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back

symptoms lasting more than 3 to 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed positive straight leg raising on the right, decreased sensation in the right L3 through S1 dermatomes, limited range of motion, and diminished strength in the bilateral lower extremities. As the Official Disability Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

Chiropractic 2 times per week for 4 weeks Lumbar Spine Only: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the injured worker has participated in 6 to 12 sessions of chiropractic therapy. However, there was no documentation of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.