

Case Number:	CM14-0096582		
Date Assigned:	09/15/2014	Date of Injury:	02/19/2014
Decision Date:	11/20/2014	UR Denial Date:	06/03/2014
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 Occupational 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 claimant was injured on 02/19/14. EMG and nerve conduction studies of the upper extremities, LSO brace, and topical cyclo-keto-lido are under review. The claimant has chronic neck pain and radiculopathy with shoulder, wrist, and low back pain as well as anxiety, stress, and sleep disturbance. She complained on 04/17/14 of 7/10 cervical pain radiating to the right upper extremity and hand with numbness, tingling, and weakness that causes her to drop things and is increased with turning her head. She also had 7/10 bilateral shoulder pain and throbbing with popping and clicking more so on the right side. She had 8/10 lumbar and bilateral hip pain with no numbness/tingling or weakness. There was no change in her treatment since her last visit and she appeared depressed and in moderate distress with difficulty rising from sitting, stiffness, depression, and anxiety. She had tried medication and was about to start a trial of chiropractic and physical therapy. A psychiatric consultation was certified. She saw [REDACTED] on 07/11/14. She had constant numbness in her right hand with weakness. She had intermittent tingling in the left hand with weakness. EMG/nerve conduction studies were scheduled for 08/21/14. Her shoulder pain had improved and the right shoulder injection helped for a few days. Her low back had intermittent pain. It was pressure-like. She had no radiculopathy. She had improved mildly. Physical therapy and acupuncture were ordered. Electrodiagnostic studies were ordered again. Topical medication was also recommended. She is reportedly had improved with chiropractic to her neck and shoulders with 6 visits prior to 06/13/14 and chiropractic was ordered for her low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,261. Decision based on Non-MTUS Citation ODG-Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The history and documentation do not objectively support the request for an EMG of the bilateral upper extremities. The MTUS chapter 11 states EMG can be recommended during the evaluation of carpal tunnel syndrome. Chapter 8 states regarding EMG, "Criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.. In this case, the claimant has not had any recent treatment for her upper extremities and there is no evidence of likely radiculopathy involving both upper extremities for which this type of study appears to be indicated. There is no evidence of completion of or a trial and failure of a reasonable course of conservative care for the upper extremities. No focal neurologic deficits have been described. It is not clear how this study is likely to change her course of treatment. The medical necessity of this request for an EMG has not been demonstrated. The request is not medically necessary.

Nerve Conduction Study Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178,261. Decision based on Non-MTUS Citation ODG-Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The history and documentation do not objectively support the request for an NCV of the bilateral upper extremities. The MTUS chapter 11 states EMG can be recommended during the evaluation of carpal tunnel syndrome.. In this case, the claimant has not had any recent treatment for her upper extremities and there is no evidence of likely peripheral nerve compression, such as occurs with carpal tunnel syndrome, for which this type of study appears to be indicated. There is no evidence of completion of or a trial and failure of a reasonable course

of conservative care for the upper extremities. No focal neurologic deficits have been described. It is not clear how NCV may be likely to change her course of treatment. The medical necessity of this request has not been demonstrated. The request is not medically necessary.

1 LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2989,301. Decision based on Non-MTUS Citation ODG- Lumbar & Thoracic (Acute & Chronic)

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 supports

Decision rationale: The history and documentation do not objectively support the request for an LSO brace. The MTUS do not address lumbar supports or braces for chronic conditions and the ODG state lumbar supports are "not recommended for prevention. Recommended as an option for treatment. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. (Roelofs, 2007) Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. (Kim, 2006) An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment, found an improvement in physical restoration compared to control and decreased pharmacologic consumption. (Calmels, 2009) This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. (Roelofs, 2010) This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. (van Duijvenbode, 2008) For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). (McIntosh, 2011). There is no indication that

the claimant is being treated for a compression fracture, spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option).. The specific indications have not been clearly stated and none can be ascertained from the records. The medical necessity of this request for an LSO brace has not been clearly demonstrated. The request is not medically necessary.

Cyclo-Keto-Lido, 240 gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compuonds, NSAIDS, Topical analgesics. Decision based on Non-MTUS Citation FDA approval

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Cyclo-Keto-Lido 240 gm with one refill. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of failure of or intolerance to all other first line drugs. Topical cyclobenzaprine is not recommended, topical ketoprofen is not FDA-approved due to potentially serious side effects, and topical lidocaine is only recommended in the form of Lidoderm patch. The medical necessity of this request for cyclo-keto-lido 240 gm with one refill has not been clearly demonstrated. The request is not medically necessary.