

<b>Case Number:</b>	CM14-0119720		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Montana. 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 tree service employee with multiple work-related injuries, last being on 10/19/12. His ongoing complaints related to these injuries are chronic neck and low back pain with radiation into the upper and lower extremities and left shoulder pain. He has other musculoskeletal conditions that are not related to the injuries. Treatment has included 12 chiropractic treatments, 20 acupuncture treatments without benefit, physical therapy, steroid injections for the shoulders, and medications. Medications have included Norco, Aleve, ketoprofen, LidoPro ointment and gabapentin. He did have a lumbar MRI on 4/4/13 showing significant degenerative disc disease with some resulting stenosis. His current diagnoses are cervical strain with intervertebral disc herniation and degenerative disc disease, cervical radiculopathy, lumbar strain/sprain with radiating symptoms into the bilateral lower extremities, bilateral shoulder bursitis and ac joint arthritis, and bilateral knee osteoarthritis. The primary treating physician has requested MRI of the lumbar spine, LidoPro topical ointment 4 ounces, and acupuncture 2 times per week for 4 weeks for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines ([www.odg-twc.com/odgtwc/shoulder.htm](http://www.odg-twc.com/odgtwc/shoulder.htm))

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

**Decision rationale:** The MTUS states that 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 and option. Indiscriminate imaging will result in false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The Official Disability Guidelines document that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. Indications (ODG) for Magnetic resonance imaging (MRI):- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case there is no documentation of spinal trauma, myelopathy, or radiculopathy with neurologic deficit that represents a significant change in symptoms or findings suggestive of significant pathology that would meet the criteria for a repeat lumbar MRI. There does not appear to be any consideration of surgery, with the records noting that he actually is a poor surgical candidate secondary to his underlying health issues, particularly diabetes. The request for MRI of the lumbar spine is not medically necessary.

**Lidopro topical ointment 4oz.:** Upheld

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

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

**Decision rationale:** The MTUS states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic

neuropathy. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The Official Disability Guidelines also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic neuralgia. The injured worker does not have post herpetic neuralgia. LidoPro is a combination topical analgesic containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate ointment. The use of Menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. The request for LidoPro topical ointment, 4 ounces is not medically necessary.

**Acupuncture twice (2) per week for four (4) weeks (neck and low back): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174-175; 300, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, acupuncture; Low Back, acupuncture; Pain, acupuncture

**Decision rationale:** The MTUS ACOEM guidelines state that invasive techniques such as acupuncture have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. For low back pain, the ACOEM guidelines state that acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. The Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3-6 treatments. The Official Disability Guidelines state acupuncture is not recommended for acute low back pain but is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines call for an initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). The medical records indicate that the previous 20 sessions of acupuncture have provided no benefit. With no evidence for functional improvement obtained from the initial acupuncture visits, the request for additional acupuncture visits twice per week for four weeks is not medically necessary.