

<b>Case Number:</b>	CM14-0190847		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	11/19/2004
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 patient is a 54 year old female with date of injury 11/19/04. The treating physician's report dated 10/13/14 indicates that the patient presents with pain affecting her neck, back, and left shoulder. The physical examination findings reveal that the patient rates her pain at 6/10 on a pain scale and constant; bilateral hands have weakness, numbness, and pain at 6/10; pain is made better with therapy, rest, and medication; pain is made worse with activities; patient does take Tramadol that helps her pain from 8/10 down to 5-6/10 which allows her to do more activities of daily living. Patient also uses Lidoderm patches to help with numbness in her legs and arms. The physical examination revealed in the cervical spine decreased ROM with flexion and extension 40 degrees, right rotation 45 degrees, left rotation 60 degrees and bilateral flexion 35 degrees; tenderness and hypertonicity on the suboccipital region and cervical paravertebral muscles; cervical compression, distraction and Soto Halls tests were negative. Examination of Lumbar spine also revealed decreased ROM. The left shoulder and right wrists revealed decreased ROM. The current diagnoses are: 1. Chronic cervical and lumbar strain 2. Left shoulder rotator cuff syndrome 3. Bilateral carpal tunnel syndrome 4. Fibromyalgia, by history. The utilization review report dated 10/24/14 denied the request for EMG/NCV of the bilateral lower extremities and Lidoderm patches based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower extremities:** 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) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>Low Back Chapter, EMG NCV

**Decision rationale:** The patient presents with neck, back and left shoulder pain. The current request is for EMG/NCV of bilateral lower extremities. The treating physician has not indicated (pg 31) why EMG and NCV testing are medically indicated. The ODG guidelines for EMG state, "Recommended as an option (needle, not surface). EMGs (electromyography) 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." In this case there is no documented radiculopathy during physical examination, there is no complaint of radiating pain into the lower extremities and there is no discussion as to why these tests are being ordered. ODG for nerve conduction studies states, "NCS which are not recommended for low back conditions." The treating physician has failed to document any indication that the patient may have any form of radiculopathy or peripheral neuropathy. Therefore, this request is not medically necessary.

**Lidoderm 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 Lidoderm (lidocaine patch) Page(s): 56-57, 111-113.

**Decision rationale:** The patient presents with neck, back and left shoulder pain. The current request is for Lidoderm Patches. The treating physician states, "Lidoderm patches apply to the neck and back 12 hours on and 12 hours off." The MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case the treating physician has recommended Lidoderm patches for neck and back pain which is not supported by MTUS. Additionally the request does not specify the dosage or frequency for this medication which renders the prescription invalid as required by IMR standards. Therefore, this request is not medically necessary.

