

<b>Case Number:</b>	CM15-0130332		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old female patient who sustained an industrial injury on 10/05/2010. The accident was described as while working regular duty as a field worker for a construction company when she was walking turned to her right and her right foot stepped into a hole. She continued twisting falling forward to the ground. She immediately felt right ankle pain. Two days thereafter she began to experience low back pain. A orthopedic follow up evaluation dated 06/03/2015 reported present complaints of having constant sharp pain over the center and right side of low back radiating to the right buttock and the anterior aspect of the right lower leg and foot. She experiences weakness of the right lower extremity and numbness into the foot. She uses the application of ice and use of medications to ease the pains. She is also with subjective complaint of having frequent sharp burning pain over the lateral aspect of the right ankle and over the dorsum of the right foot. This pain is reduced with the use of a topical cream. Current medications consist of: Oxycodone, Excedrin and a topical compound cream. The diagnostic impression found the patient with: lumbosacral myoligamentous sprain/strain; symptomatic L5-S1 degenerative disc disease; spondylosis with neuroforaminal stenosis and annular tear; symptomatic L4-5 annular tear and mild degenerative disc disease, right lumbar radiculitis/radiculopathy, anterior talofibular sprain, right ankle, rule out osteochondral injury, talar dome of right ankle, and (non-industrial) underlying degenerative disc/spondylitis disease, lumbosacral spine at L5-S1, L4-5. There is recommendation to obtain a magnetic resonance imaging study of the right ankle ruling out the possibility of ligamentous injury and or bone contusion. She is also recommended to undergo electro diagnostic nerve conduction study of the lumbar spine and bilateral lower extremities determining any right lumbar radiculopathy. She is to begin utilizing a transcutaneous nerve stimulator unit. Notes indicate that the patient has persistent swelling and pain in the right ankle despite treatment with x-rays revealing swelling in the lateral ankle. Notes indicate that the patient previously underwent

electrodiagnostic studies of the lower extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI right ankle:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for MRI of the ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, it is clear the patient has failed conservative treatment. The patient is noted to have already undergone plain film radiographs. Therefore, MRI seems reasonable to further evaluate the ankle joint for pathology. As such, the currently requested ankle MRI is medically necessary.

**EMG/NCV of L/S 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 Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for repeat EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no indication as to how the patient's subjective complaints and objective findings have changed since the time of the most recent electrodiagnostic testing. Additionally, it is unclear how they currently requested tests will affect the physician's treatment plan. In the absence of clarity regarding those issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

**Multi stim unit plus supplies x 3 month rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 114-121 of 127.

**Decision rationale:** Regarding the request for Multi stim unit plus supplies x 3 month rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial with analgesic efficacy and objective functional improvement, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Multi stim unit plus supplies x 3 month rental unit is not medically necessary.

**Transdermal cream: Flurbiprofen 20% - Gabapentin 6%- Lidocaine 5%- Baclofen 2%- Cyclobenzaprine 2% #360gm with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Transdermal cream: Flurbiprofen 20% - Gabapentin 6%- Lidocaine 5%- Baclofen 2%- Cyclobenzaprine 2% #360gm with 2 refills, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Transdermal cream: Flurbiprofen 20% - Gabapentin 6%- Lidocaine 5%- Baclofen 2%- Cyclobenzaprine 2% #360gm with 2 refills is not medically necessary.