

Case Number:	CM15-0132257		
Date Assigned:	07/20/2015	Date of Injury:	02/17/2006
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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 63 year old male who sustained an industrial injury on February 17, 2006. He has reported injury to the left lumbar, left sacroiliac, lumbar, right lumbar, right sacroiliac, sacral, right pelvic, left buttock, left posterior leg, left posterior knee, left calf, left ankle, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right hip, right anterior leg, right anterior knee, right shin, right ankle, right foot, left hip, left anterior leg, left anterior knee, left shin, left ankle, and left foot. Diagnoses included lumbar IVD disorder with myelopathy and sciatica. Treatment has consisted of medications, rest, physical therapy, and injection. There was palpable tenderness at lumbar, right sacroiliac, left buttock and right buttock. Lumbar range of motion was decreased. The treatment request included physical therapy, EMG/NCV of bilateral lower extremities, home care, and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2 x 3) to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. This is particularly important as the date of injury was remote in 2006, and extensive conservative care has likely been carried out already. Therefore in the absence of this documentation, additional physical therapy is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter, Electromyography, (EMGs); Nerve Conduction Studies (NCS).

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: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, and page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001) With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: Nerve conduction studies (NCS) section: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah. 2006) However, it should be noted that this guideline has lower

precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. Within the documentation available for review, there is lack of a full neurologic examination documenting abnormalities in the sensory, motor, or deep tendon reflex systems to support a diagnosis of specific nerve compromise. The progress notes around the time of this request did not document these neurologic abnormalities to support the need for this request. Given this, the current request is not medically necessary.

Home care 6 hours/day, 5 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 51.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The only documentation indicates that the rationale for this request is to "prevent further injury." In the absence of such documentation, the currently requested home health care is not medically necessary.

Capsaicin 0.0375%, Tramadol 8%, Cyclobenzaprine 4%, Menthol 5%, Gabapentin 10%, 180grams: 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: With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.