

Case Number:	CM15-0135282		
Date Assigned:	07/23/2015	Date of Injury:	04/15/1994
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

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 52 year old male patient who sustained an industrial injury on 04/15/1994. On 06/19/2015, the patient underwent electronic nerve conduction study of bilateral lower extremities which revealed evidence of chronic neuropathic changes in the bilateral L4-5 innervated muscles. A recent primary treating office visit dated 05/19/2015 reported the patient with subjective complaint of over the past 6-8 weeks had noticed increased lower extremity pain, numbness and tingling with associated muscle cramping and hypersensitivity. The following diagnoses were applied: history of lumbar decompression with chronic residual low back pain; history of renal transplant, and rule out acute radiculopathy. The plan of care noted the patient recommended undergoing electronic nerve conduction study of the lower extremities. The patient was prescribed Ultracin lotion along with recommendation for a gym membership. Back at a primary treating office visit dated 01/23/2014 there was subjective complaint of low back pain that radiates to the right lower leg. The following diagnoses were applied: history of lumbar decompression at right L4-5; severe degenerative disc disease L4-5; status post kidney transplant, and psychological diagnosis. There is referral for a course of physical therapy treating the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2015, Low Back, Gym memberships.

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 & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 and is being treated for back pain radiating into the right lower extremity. The claimant's past medical history includes a lumbar decompression and kidney transplant. He had developed renal failure as the result of anti-inflammatory medications and had received dialysis treatments for nine years prior to the transplantation. When seen, he was having increased bilateral lower extremity pain with numbness, tingling, hypersensitivity, and muscle cramps. Physical examination findings included lower lumbar paraspinal muscle tenderness with decreased range of motion and negative straight leg raising. There was lower extremity hypersensitivity. Authorization for EMG/NCS testing and a one-year gym membership was requested. Ultracin lotion was prescribed. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program or need for specialized equipment. The requested gym membership is not medically necessary.

Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (Web), 2015 Low Back, Nerve conduction studies.

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 & Thoracic (Acute & Chronic), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 and is being treated for back pain radiating into the right lower extremity. The claimant's past medical history includes a lumbar decompression and kidney transplant. He had developed renal failure as the result of anti-inflammatory medications and had received dialysis treatments for nine years prior to the transplantation. When seen, he was having increased bilateral lower extremity pain with numbness, tingling, hypersensitivity, and muscle cramps. Physical examination findings included lower lumbar paraspinal muscle tenderness with decreased range of motion and negative straight leg raising. There was lower extremity hypersensitivity. Authorization for EMG/NCS testing and a one-year gym membership was requested. Ultracin lotion was prescribed. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-

established and widely used for localizing the source of neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as radiculopathy. Electromyography (EMG) testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. In this case, the claimant has a history of a renal transplant and had received dialysis for nine years. He has progressive bilateral lower extremity numbness and tingling and muscle cramps and the purpose of the testing is to evaluate for radiculopathy. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. Performing electromyography alone in this case would not adequately evaluate the claimant for other causes of his symptoms such as peripheral neuropathy. The requested EMG/NCS of the lower extremities was therefore medically necessary.

Ultracin lotion 120gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1994 and is being treated for back pain radiating into the right lower extremity. The claimant's past medical history includes a lumbar decompression and kidney transplant. He had developed renal failure as the result of anti-inflammatory medications and had received dialysis treatments for nine years prior to the transplantation. When seen, he was having increased bilateral lower extremity pain with numbness, tingling, hypersensitivity, and muscle cramps. Physical examination findings included lower lumbar paraspinal muscle tenderness with decreased range of motion and negative straight leg raising. There was lower extremity hypersensitivity. Authorization for EMG/NCS testing and a one-year gym membership was requested. Ultracin lotion was prescribed. Ultracin contains methyl salicylate, menthol and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Capsaicin is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.