

Case Number:	CM15-0135515		
Date Assigned:	07/23/2015	Date of Injury:	01/13/2015
Decision Date:	09/21/2015	UR Denial Date:	06/25/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of January 13, 2015. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for a TENS unit trial, eight sessions of acupuncture, electrodiagnostic testing of the bilateral lower extremities, and a gabapentin-containing topical compound. The claims administrator referenced a progress note of June 9, 2015 and an associated RFA form of June 15, 2015 in its determination. The applicant's attorney subsequently appealed. The applicant received acupuncture on multiple dates in 2015, including on July 3, 2015, June 29, 2015, June 26, 2015, June 23, 2015, June 19, 2015, and June 16, 2015. In a progress note dated June 9, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain with associated tingling and numbness about the left foot. The applicant was given a stated diagnosis of lumbar radiculopathy. A TENS unit 30-day trial was sought on the grounds that the applicant had responded favorably to the same and physical therapy. Eight sessions of acupuncture, electrodiagnostic testing of the bilateral lower extremities, and the topical compounded medication in question were endorsed while the applicant was placed off of work, on total temporary disability. It was not clearly stated how much (if any) prior acupuncture the applicant had had through the date of the request. In an earlier RFA form dated May 14, 2015, eight sessions of acupuncture and a TENS unit were sought. In an associated Doctor's First Report (DFR) dated May 12, 2015, the applicant was placed off of work, on total temporary disability, while a TENS unit and acupuncture were sought. A Medrol Dosepak was also seemingly prescribed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a TENS unit 30-day trial was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a one-month trial of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities have been tried and/or failed, here, however, the applicant was placed off of work, on total temporary disability, on or around the date(s) of request, June 9, 2015 and May 5, 2015. It did not appear that the TENS unit in question was intended for use in conjunction with a functional restoration program, given the applicant's failure to return to work on those dates. Therefore, the request was not medically necessary.

Acupuncture for low back (x8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. The applicant had had prior acupuncture first ordered on May 14, 2015, as acknowledged above. The attending provider went on to request additional acupuncture via a subsequent progress note dated June 9, 2015. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant's failure to return to work, strongly suggested a lack of functional improvement as defined in section 9792.20e, despite receipt of earlier acupuncture through that point in time. Therefore, the request was not medically necessary.

EMG/NCS lumbar spine and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: Similarly, the request for electrodiagnostic testing (EMG-NCS) of the lumbar spine and bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was, in fact, given an operating diagnosis of lumbar radiculopathy on the date in question, June 9, 2015, seemingly obviating the need for the EMG component of the request. The applicant's paresthesias and complaints of numbness and tingling were confined to the left foot, it was reported on that date. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed not recommended. Here, it was not clearly stated why electrodiagnostic testing of bilateral lower extremities to include testing of the seemingly asymptomatic right lower extremity was proposed in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% cream 30 gm: 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: Finally, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded agents were furnished in favor of first-line oral pharmaceuticals. Therefore, the request was not medically necessary.