

<b>Case Number:</b>	CM15-0191658		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Massachusetts

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 injured worker is a 68 year old female with an industrial injury date of 05-09-2011. Medical record review indicates she is being treated for cervical disc disorder, shoulder tendinitis, lumbar intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis and neuritis, radiculitis - thoracic, lumbosacral. Subjective complaints (08-25-2015) included pain in bilateral shoulder, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrist, bilateral hands, bilateral foot, bilateral ankle and bilateral leg pain. Other complaints included pain in chest, left clavicular, upper thoracic, cervical, thoracic, lumbar and right sacroiliac pain. She rated the pain as 7 out of 10 at the time of the visit. The discomfort at its worst was rated 9 out of 10 and at its best was 5 out of 10. Other complaints included numbness and tingling in right hand, arm, elbow, and shoulder, left knee, left calf, left ankle, left leg and left foot. The provider indicated the injured worker felt better with pain medication, acupuncture treatment, wave therapy and rest. Work status (08-25-2015) is documented as totally temporary disabled for 45 days." His medications included Gabapentin. Prior treatment included medications, wave therapy and acupuncture (number of visits unknown.) MRI of the lumbar spine dated 04-13-2015 documented impression (read by radiologist): Lumbar 4-5 disc space shows desiccation with normal stature and central disc protrusion by approximately 3 mm with ventral narrowing of thecal sac and significant narrowing of the lateral recesses bilaterally, Lumbar 5-sacral 1 disc space shows desiccation with loss of stature, no evidence of disc protrusion noted, however there is mild narrowing of the left lateral recess; the right lateral recess is patent. Objective findings included palpable tenderness at cervical, right cervical dorsal, upper thoracic, left

cervical dorsal, sacral, lumbar, bilateral sacroiliac, bilateral buttock and right anterior shoulder. Cervical range of motion was decreased. Right shoulder range of motion was decreased with positive impingement sign. Left shoulder range of motion was decreased. On 09-08-2015 utilization review non-certified the treatment requests listed here: Lidall patches #60, EMG (Electromyography)/NCV (Nerve Conduction Velocity) of the bilateral lower extremities, Acupuncture treatment for the cervical spine 2 times a week for 3 weeks, quantity: 6 sessions.

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

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

**EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to MTUS guidelines, EMG/NCV are appropriate diagnostic studies "to clarify root dysfunction in cases of suspected disc herniation preoperative or before epidural injection ", however EMG/NCV studies are not indicated "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent". From my review of the records it appears that both the history, physical exam and MRI findings indicate that the IW is experiencing radicular pain related to nerve root involvement, consequently according to the cited guidelines electrodiagnostic studies will not contribute to the differential diagnosis or alter treatment plan.

**Acupuncture treatment for the cervical spine 2 times a week for 3 weeks, quantity: 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Based on the acupuncture treatment guidelines, "Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites". Recommend treatment duration is initially up to 6 treatments. I did not see from the provided medical records that acupuncture has been attempted in the past. Consequently the requested number of sessions is appropriate based on the provided records and clinical guidelines.

**Lidall patches #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** According to MTUS guidelines: "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." From my review of the records there is mention of trial of an appropriate first-line therapy such as gabapentin, consequently Lidocaine patch is clinically indicated at this time.