

<b>Case Number:</b>	CM15-0198087		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 44 year old female, who sustained an industrial injury on 9-17-2008. The injured worker is undergoing treatment for: muscle spasm, cervical pain, low back pain, and shoulder pain. On 9-17-15, she reported neck and low back pain. She rated her pain without medications 4 out of 10 and indicated there were no new problems or side effects. She reported her sleep as fair and that her activity level had remained the same. Physical findings revealed the neck to have tenderness, restricted range of motion and positive spurling's maneuver; the low back is noted to have a restricted range of motion, tenderness and tightness with positive lumbar facet loading and positive straight leg raise testing on the left; and the left shoulder is noted to have restricted range of motion with positive Hawkins and neer tests. The provider noted requesting TENS unit to avoid medication escalation and indicated she had utilized one in the "past with benefit". The provider noted there was diminished motor strength of the bilateral upper extremities. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the left shoulder (3-15-10), 23 sessions of physical therapy reported as giving no relief, 24 sessions of chiropractic treatment reported as giving "excellent pain relief". Medications have included: flector 1.3 percent patches, Lidoderm 5 percent patches, Voltaren 1 percent gel, aspirin, atorvastatin, bupropion hcl, dicylomine, famotidine, glipizide, hydrochlorothiazide, losartan postassium, metformin hcl, omeprazole, prevalite powder and Zyrtec. She is reported as previously tried Tramadol, which was discontinued for reported limited efficacy. Current work status: working full time. The request for authorization is for: EMG of bilateral upper extremities, NCS of bilateral upper extremities, Magnetic resonance

imaging of the cervical spine, TENS unit purchase, Flector patch 1.3 percent, Lidoderm patch 5 percent (700mg per patch), Voltaren gel 1 percent. The UR dated 9-3-2015: non-certified the request for EMG of the bilateral upper extremities, NCS of the bilateral upper extremities, magnetic resonance imaging of the cervical spine, TENS unit purchase, Flector patch 1.3 percent, Lidoderm patch 5 percent (700mg per patch), Voltaren gel 1 percent.

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

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

#### **EMG of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies.

**Decision rationale:** The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities (NCVs), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 08/20/2015, there were no findings of neurological deficits or radicular symptoms. Medical necessity for the requested studies has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.

#### **EMG of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies.

**Decision rationale:** The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that

electromyography and nerve conduction velocities (NCVs), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 08/20/2015, there were no findings of neurological deficits or radicular symptoms. Medical necessity for the requested studies has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.

**NCS of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies.

**Decision rationale:** The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities (NCVs), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 08/20/2015, there were no findings of neurological deficits or radicular symptoms. Medical necessity for the requested studies has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.

**NCS of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies.

**Decision rationale:** The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities (NCVs), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. During the physical examination on 08/20/2015, there were no findings of neurological deficits or radicular symptoms. Medical necessity for the requested studies has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Cervical spine.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per the ODG, an MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. In this case, there is no documentation that the patient has evidence of cervical radiculopathy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**TENS Unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no documentation that the injured worker underwent of a successful trial with the TENS unit. In addition, there is no documentation of any functional benefit from the TENS unit. Medical necessity for the requested purchase of the TENS unit has not been established. The requested TENS Unit is not medically necessary.

**Flector Patch 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector patch efficacy beyond two weeks. In this case, the specific amount of medication was not provided. In addition, there was no indication that it helped with any functional deficits. Medical necessity for the requested Flector patch has not been established. The requested item is not medically necessary.

**Lidoderm Patch 5% (700mg/patch):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% Patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids or antidepressants. Lidoderm is the brand name for a

lidocaine patch. 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. In this case, medical necessity of the requested item has not been established. The requested topical analgesic is not medically necessary.

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request for Voltaren gel (one tube) to be applied to the right knee three times a day for pain and inflammation is not medically necessary. The California MTUS Guidelines state Voltaren gel 1% (diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. In this case, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested topical gel has been not established. The requested 1% Voltaren Gel is not medically necessary.