

Case Number:	CM15-0201047		
Date Assigned:	10/16/2015	Date of Injury:	02/09/2011
Decision Date:	12/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 58 year old female, who sustained an industrial injury on 2-09-2011. The injured worker was diagnosed as having right hip tendinitis, right hip bursitis, right L5-S1 lumbar radiculopathy, L3-4 and L4-5 annular tearing, status post rotator cuff repair 6-2014, and gastrointestinal pain. Treatment to date has included diagnostics, lumbar transforaminal injection 6-2015, and medications. On 8-19-2015, the injured worker complains of "worsened" low back pain (rated 8 out of 10 and rated 7-8 out of 10 on 6-26-2015) and "more" leg pain (rated 8 out of 10 and rated 7-8 out of 10 on 6-26-2015), with numbness and tingling in the right leg all the way down the right hip. She reported spasm, tightness and tenderness with walking and could not walk more than 10-15 minutes. She also reported left shoulder pain (rated 4 out of 10) and right foot pain (rated 8 out of 10 and rated 7-8 out of 10 on 6-26-2015). She was currently taking Norco and stated that it was helping. Internal Medicine complaints, if any, were not specified. Exam of the lumbar spine noted tenderness in the paraspinal musculature of the lumbar region on the right, midline tenderness in the lumbar spine, and positive spasm over the lumbar spine. Range of motion in the lumbar spine was decreased with spasm. Sensation was decreased in the foot dorsum and posterolateral calf on the right and strength was grade 4 in plantar flexor and toe extensor on the right. Deep tendon reflexes were 2 of 2 bilaterally. Right sacroiliac tenderness was noted on compression, along with positive sciatic nerve compression on the right. Straight leg raise test bilaterally was 60 supine and 50 seated. Her work status was total temporary disability. Magnetic resonance imaging of the lumbar spine (5-12-2015) was referenced in the progress report dated 6-01-2015. Prior results for electromyogram and nerve

conduction studies of the lower extremity were not referenced or submitted. The treatment plan included "new" electromyogram and nerve conduction studies to the lower extremity, "new" magnetic resonance imaging of the lumbar spine, acupuncture 2x4, Internal Medicine evaluation, and compound medication-Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% 180gm cream to apply a thin layer to affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Electrodiagnostic studies (EDS).

Decision rationale: According to MTUS guidelines, 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. MTUS does not have recommendations regarding NCS. ODG states that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1- month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG states that NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Due to the request being for both studies as well as for both sides when symptoms and decreased sensation are only on the right the request is not approved. The request is not medically necessary and appropriate.

MRI scan of the lumbar spine: Upheld

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

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

Decision rationale: Per ACOEM guidelines, a history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. The IW had an MRI of the lumbar spine done in May 2015. There is no documentation of any new trauma or significant change in symptoms that would indicate the need for reimaging. This request is not medically necessary and appropriate.

Acupuncture 2 times a week for 4 weeks, 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Acupuncture.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. ODG guidelines recommend acupuncture as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. For the low back initial trial of 3-4 visits over 2 weeks and then with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. The request exceeds the recommendations and thus is not medically necessary and appropriate.

Internal medicine evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. There is no rationale as to why an internal medicine physician is required to care for the IW. The request is not medically necessary and appropriate.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% 180gm cream to apply a thin layer to affected area: 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: Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, baclofen and dexamethasone are not FDA approved for topical use. Even though capsaicin, menthol, and camphor are approved for topical use this cannot be approved due to other components in the compound not being FDA approved. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate.