

Case Number:	CM13-0037419		
Date Assigned:	12/13/2013	Date of Injury:	12/14/2012
Decision Date:	01/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine; Electrodiagnostic Medicine; Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 36 year old male who developed a work related injury from a slip and fall on December 14, 2012. He was diagnosed with right lateral and medial epicondylitis, low back sprain/strain and sacroiliac, joint inflammation on the left as well as positive left sided radiculopathy and facet inflammation. He was treated with physical therapy, medications and home exercise program. According to the note of ██████████ of August 27, 2013, the patient complains of intermittent right elbow pain radiating up the arms and biceps and goes down to the wrist. Patient reported numbness, tingling, cramping, tensions and spasms. He reported weakness on the right arm. The pain was improved with massage, ibuprofen and tylenol and worse with lifting. The patient also complained of low back pain radiating down to buttocks and legs. His physical examination showed normal neurological examination. He has positive Tinel sign at the wrist. His MRI of the lumbosacral spine performed on June 12, 2013 demonstrated left paracentral disc herniation at L5-S1 with lateral recess narrowing with potential left S1 nerve root compromise with my central canal narrowing at that level. The provider is requesting authorization to use Terocin patch, hot and cold wrap, bilateral upper and lower extremity electromyography (EMG)/nerve conduction velocity (NCV) studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 20 (capsaicin 0.0325%, lidocaine 0.025, menthol 10% and methyl salicylate 27.5%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter; Official Disability Guidelines (ODG): Low Back Chapter; Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Based on the above Terocin is not medically necessary.

Bilateral upper extremity EMG/NVC studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation supporting cervical radiculopathy. There is no clear documentation of radicular pain. His neurological examination was normal, there is right elbow pain which is not an indication (per MTUS guidelines) for EMG/NCV. Based on the above, EMG/NCV of upper extremities is not medically necessary.

Bilateral lower extremity EMG/NCV studies:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter; Low Back Complaints

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, lasting more than three or four weeks" (page 303). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is has a high technical ability to identify lower back disc bulging.(page 304). EMG is not recommended if the diagnosis of radiculopathy is obvious clinically. The patient in this case developed lower back pain irradiating to his legs and have paracentral disc bulging at L5-S1 supporting the diagnosis of lumbosacral radiculopathy. Based on the above, the EMG/NCV of both lower extremities is not medically necessary.

Hot/cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold. http://www.aetna.com/cpb/medical/data/200_299/0297.html Sepsas, E., et al. (2013). "The role of intercostal cryoanalgesia in post-thoracotomy analg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold. http://www.aetna.com/cpb/medical/data/200_299/0297.html Sepsas, E., et al. (2013). "The role of intercostal cryoanalgesia in post-thoracotomy analg

Decision rationale: Aetna policies consider hot/cold wrap therapy as experimental in reducing pain after surgery or injury. (Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold. http://www.aetna.com/cpb/medical/data/200_299/0297.html). There are no controlled studies supporting the efficacy of hot/cold wrap in managing neck or back pain.