

<b>Case Number:</b>	CM14-0133699		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/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:

The patient is a 60-year-old with a reported date of injury of 12/09/2008 that occurred when the patient slipped and fell at work. The patient has the diagnoses of hip joint replacement, loose prosthetic joint, status post right knee arthroplasty, status post left total hip arthroplasty, lumbar spine sprain/strain and history of MRSA. Past treatment modalities have included surgery and physical therapy. Per the progress notes provided by the primary treating physician dated 06/12/2014, the patient had complaints of increasing lumbar pain with radiculopathy and left shoulder pain. Physical exam noted tenderness in the lumbar spine with decreased range of motion, tenderness to palpation in both knees and a positive McMurray sign on the left, positive impingement maneuvers and tenderness and pain in the left shoulder. Treatment recommendations included request for acupuncture, EMG (Electromyography) of both lower extremities with NVC NCS (nerve conduction study), and MRI of the left shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSDERMALS (MEDICATION NAME, DOSAGE AND QUANTITY UNSPECIFIED):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the provided documentation for review, the requested topical contains Cyclobenzaprine, Flurbiprofen, Capsaicin, Menthol and Camphor. The proposed topical contain multiple individual agents that are not recommended per MTUS guidelines. As per guidelines if the topical agent contains one drug class that is not recommended then the entire topical is not recommended and thus the request is not medically necessary.

**ORTHOPEDIC CONSULTATION REGARDING LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127 INDEPENDENT MEDICAL EXAMINATIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**Decision rationale:** The ACOEM chapter on shoulder complaints states that if symptoms persist for more than 4-6 weeks, referral to specialty care may be needed. The California MTUS recommends consultation to aid in the diagnosis, prognosis and therapeutic management of an industrial injury. Per the progress reports, the patient has had symptomatic shoulder pain since at least April of 2014. The subjective complaints have been corroborated by objective documentation on the physical exam. Since the shoulder complaints have persisted for greater than 6 weeks, per ACOEM guidelines referral for specialty care is advised and thus the request is medically necessary.

**ACUPUNCTURE, LEFT SHOULDER AND LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines acupuncture.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: Indications for acupuncture with electrical stimulation include the following presenting complaints: 1. Neck and upper back 2. Elbow 3. Forearm, wrist and hand 4. Low back 5. Knee 6. Ankle and foot 7. Pain, suffering and restoration of function Time to produce functional improvement is 3-6 treatments. Frequency is 1-3 times per week and optimum duration is 1-2 months. Acupuncture may be extended if functional improvement is documented. The provided documentation indicates the patient had previously been approved for a trial of 6 acupuncture treatments. There is no documentation of the outcome of these treatments or documentation of functional improvement. Since guidelines recommend documentation of functional improvement for continuation of therapy, therefore, this request is not medically necessary.

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** The ACOEM section on low back complaints and special diagnostics states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. The progress notes only mention in the patient's subjective complaints of pain radiating from the lumbar spine to the lower extremities. There is no objective documentation on the physical exam to corroborate the subjective complaints. Table 12-8 also only recommends MRI imaging for suspected cauda equina syndrome, tumor, infection or fracture or when surgery is being considered. None of these conditions are documented as applying to this patient. For these reasons the request is not medically necessary.

**EMG LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PAGES 62-63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-308.

**Decision rationale:** The ACOEM section on low back complaints and special diagnostics states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Per the progress notes, the patient reports lumbar pain with radiculopathy. However the physical exam fails to document any neurologic or radiculopathy symptoms. Table 12-8 does recommend EMG for the detection and clarification of less obvious physiologic abnormalities, but again there is no documentation of abnormalities on exam. For these reasons the request is not medically necessary.

**EMG RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PAGES 62-63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints Page(s): 303-308.

**Decision rationale:** The ACOEM section on low back complaints and special diagnostics states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Per the progress notes, the patient reports lumbar pain with radiculopathy. However the physical exam fails to document any neurologic or radiculopathy symptoms. Table 12-8 does

recommend EMG for the detection and clarification of less obvious physiologic abnormalities, but again there is no documentation of abnormalities on exam. For these reasons the request is not medically necessary.

**NCS LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PAGES 62-63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints Page(s): 303-308.

**Decision rationale:** The ACOEM section on low back complaints and special diagnostics states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Per the progress notes, the patient reports lumbar pain with radiculopathy. However, the physical exam fails to document any neurologic or radiculopathy symptoms. Table 12-8 does recommend EMG for the detection and clarification of less obvious physiologic abnormalities, but again there is no documentation of abnormalities on exam. For these reasons the request is not medically necessary.

**NCS RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, PAGES 62-63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 303-308.

**Decision rationale:** The ACOEM section on low back complaints and special diagnostics states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with

a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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. Per the progress notes, the patient reports lumbar pain with radiculopathy. However the physical exam fails to document any neurologic or radiculopathy symptoms. Table 12-8 does recommend EMG for the detection and clarification of less obvious physiologic abnormalities, but again there is no documentation of abnormalities on exam. For these reasons the request is not medically necessary.