MAXIMUS Federal Services

Case Number:	CM14-0213716		
Date Assigned:	12/31/2014	Date of Injury:	06/28/2012
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
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 applicant is a represented [redacted] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 28, 2012.In a Utilization Review Report dated December 17, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, approved a lumbar sympathetic block, approved a TENS unit trial, denied Menthoderm lotion, and approved 10 sessions of physical therapy to the low back. The claims administrator referenced a December 3, 2014 progress note in its determination. The claims administrator stated that, per a report dated December 3, 2014, that the applicant had failed to return to work and was having difficulty performing activities of daily living as basic as performance of household chores. The applicant was still reporting 6-7/10 pain and was having difficulty with activities of daily living as basic as kneeling, crawling, prolonged standing, and walking, the claims administrator stated. The claims administrator also noted that an MRI of the lumbar spine of March 17, 2013 was essentially negative and that the attending provider had expressed some concerns over possible lower extremity complex regional pain syndrome. The applicant apparently had an altered skin appearance and/or hyposensorium noted about the right leg, the claims administrator contended. The applicant's attorney subsequently appealed. On September 13, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, 6-7/10. The applicant was using Motrin for pain relief, it was acknowledged. The applicant was not working. The attending provider suggested that the applicant had been terminated by his former employer. Flexeril, naproxen, Prilosec, and Menthoderm were endorsed on this date, along with 10 sessions

of physical therapy. Work restrictions were endorsed on this date. A 25-pound lifting limitation was also recommended, although, as noted above, the applicant was apparently not working with said limitation in place. The remainder of the file was surveyed. The December 3, 2014 progress note which the claims administrator based its decision on was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS), CRPS, diagnostic criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS-II Page(s): 37.

Decision rationale: 1. Yes, the request for electrodiagnostic testing of the bilateral lower extremities was medically necessary, medically appropriate, and indicated here.As noted on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines, the nerve damage associated with complex regional pain syndrome (CRPS) can be detected by EMG testing. Here, the documentation on file, which, it is incidentally noted, did not include the December 3, 2014 progress note in which the article in question was sought, seemingly suggested that the applicant had persistent complaints of lower extremity pain and paresthesias along with swelling and edema present about the feet and ankles. Based on the claims administrator's description of the December 3, 2014 progress note, it did appear that complex regional pain syndrome was on the differential diagnosis list. Obtaining electrodiagnostic testing would be beneficial and helping to establish said diagnosis. Therefore, the request was medically necessary.

Menthoderm lotion 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: Conversely, the request for Menthoderm lotion, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the documentation on file did not include the December 3, 2014 progress note in which Menthoderm was apparently renewed. Menthoderm was, as noted above, introduced for the first time on September 13, 2014. The

claims administrator's description of the December 3, 2014 progress note suggested that the applicant continued to report persistent complaints of low back pain, lower extremity pain, etc., scored at 6-7/10. The applicant was having difficulty performing activities of daily living as basic as socializing with friends, physical exercise, household chores, etc., despite ongoing usage of Menthoderm. The applicant was off of work, the claims administrator has contended. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of Menthoderm. Therefore, the request for continued usage of Menthoderm was not medically necessary.