

<b>Case Number:</b>	CM14-0214721		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 9, 2007. In a utilization review report dated November 25, 2014, the claims administrator denied a request for lumbar MRI imaging, electrodiagnostic testing of bilateral lower extremities, lumbar support, and a topical compounded cream. 12 sessions of acupuncture were partially approved as 4 sessions of the same. The claims administrator referenced a progress note of November 2014 and an RFA form received on November 20, 2014 in its determination. The applicant's attorney subsequently appealed. MRI imaging of the knee dated September 23, 2014 was notable for a torn medial meniscus. In a work status report dated November 6, 2014, the applicant was placed off of work, on total temporary disability. The applicant was given a prescription for Norco on December 17, 2013. On February 24, 2014, the applicant reported persistent complaints of low back pain radiating into the right leg, 7/10. The applicant had multiple prior lumbar MRIs demonstrating fairly high-grade disc herniations at L4-L5 and L5-S1. The applicant had apparently decided against recommended epidural steroid injections, as noted. Norco and tramadol were endorsed. The applicant was asked to obtain acupuncture. The applicant was returned to regular duty work as of that point in time. In an earlier note dated June 25, 2012, the applicant's pain management physician noted that the applicant had persistent complaints of low back pain with associated radiation of pain into the lower extremities. The pain management physician noted that the applicant had lumbar MRI imaging demonstrating a 5 to 6-mm disc protrusion at L4-L5 generating associated thecal sac impingement and neural foraminal

stenosis. On December 17, 2013, the applicant denied any history of diabetes and hypothyroidism. The applicant denied drinking any alcohol at that point in time. The remainder of the file was surveyed. No clinical progress notes accompanied the November 6, 2014 work status report on which the applicant was placed off of work, on total temporary disability.

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

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

#### **MRI of the lumbosacral spine: Upheld**

**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): 304.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, there is no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine based on the outcome of the proposed lumbar MRI. Again, no clinical progress notes accompanied the November 6, 2014 work status report/RFA form on which the articles in question were sought. The applicant, furthermore, had multiple prior lumbar MRIs which did demonstrate large, high-grade disc herniations. Thus, the applicant already had a clinically evident, radiographically confirmed lumbar radiculopathy, effectively obviating the need for repeat lumbar MRI imaging. The attending provider did not attach any rationale along with the request for authorization so as to make a case for the study. Therefore, the request was not medically necessary.

#### **EMG/NCV of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2007 Revision), Chapter 12), page 53

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who have a clinically obvious radiculopathy. Here, the applicant already has a clinically evident, radiographically confirmed lumbar radiculopathy. It is not clear how electrodiagnostic testing would influence or alternate the treatment plan. No clinical progress notes were attached to the November 6, 2014 RFA form/work status report on which the articles in question were sought. The information on file, as noted previously, does suggest that the applicant already carries a diagnosis of clinically evident, radiographically confirmed lumbar radiculopathy, effectively obviating the need for the EMG component of the request. Similarly, the MTUS Guidelines in ACOEM Chapter 14, Table

14-6, page 377 notes that electrical studies such as the nerve conduction testing at issue are deemed "not recommended" without clinical evidence of a tarsal tunnel syndrome or other entrapment neuropathy. Here, there was no mention that the applicant was having any issues with tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, diabetic neuropathy, etc. The applicant, per a December 17, 2013 comprehensive consultation, did not carry any systemic diseases such as diabetes, hypothyroidism, and/or alcoholism which would predispose toward development of a generalized lower extremity neuropathy. Therefore, the request was not medically necessary.

**One lumbosacral brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date the lumbar support was requested, November 6, 2014, following an industrial injury of May 9, 2007. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

**Twelve sessions of acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The 12-session course of acupuncture proposed, in and of itself, represents treatment at a rate, quantity, and overall a month two to four times the "three to six treatments" deemed necessary to effect functional improvement following introduction of acupuncture, per the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c.1. The attending provider did not furnish a compelling rationale for treatment this far in excess of MTUS parameters. Again, no clinical progress notes were attached to the November 6, 2014 work status report/RFA form. The information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

**One prescription of TGHOT, 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** One of the ingredients in the compound is gabapentin. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines explicitly notes that gabapentin is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.