

Case Number:	CM14-0219177		
Date Assigned:	01/09/2015	Date of Injury:	05/16/2011
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Indiana, New York
 Certification(s)/Specialty: 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:

This 47 year old female was injured 5/16/11. The original injury reported (11/25/09) involved a trip and fall sustaining injury to her neck, mid and low back. During the period from 10/25/10/to/10/10/11 she sustained cumulative injuries resulting in neck, mid and low back and bilateral knees pain. Past medical history included motor vehicle accident (12/19/12) where she suffered a subarachnoid hemorrhage and frontal face laceration. Her diagnoses have included cervical, thoracic and lumbar spine strain/ sprain rule out herniated nucleus propulsus (HNP); bilateral knee sprain/strain rule out internal derangement; anxiety disorder; mood disorder; sleep disorder and stress. She currently complains of constant burning neck, mid-back, low back and bilateral knee pain. Her pain intensity 8-9/10 in all areas mentioned. Medications provide temporary relief of pain and allow her to have a restful sleep. The medications include deprizine, dicapanol, fanatrex, synapryn, tabradol, cyclobenzaprine and Ketaprofen cream. The treatments include acupuncture and myofascial release for the cervical, thoracic, lumbar spine and bilateral knees three times a week for six weeks. In addition the injured worker is waiting for an LSO brace, a functional capacity evaluation, radiographs of the cervical, thoracic and lumbar spine and knees; electromyography/ nerve conduction studies of upper and lower extremities. On 12/13/14 Utilization non-certified but modified based on partial fulfillment of guideline criteria and modification would allow for demonstration of functional improvement and/ or decrease in pain (MTUS, Acupuncture Guideline); regarding capsacian, guideline criteria have not been met as there was no documentation of trial and failure of other medications; regarding flurbiprofen non-certification based on no exception circumstances evident and this class of medication is

recommended for short term use; Menthol has been non-certified based on guideline criteria not being met (MTUS Chronic Pain Treatment Guidelines) ; regarding electromyography and nerve conduction studies of the right and left lower extremities were non-certified based on lack of documentation of detailed evidence of severe and/or progressive neurological abnormalities and no documentation of a recent comprehensive conservative treatment protocol trial and failure (MTUS, ACOEM, Occupational Medical Practice Guidelines: Chapter 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for left knee QTY #18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Knee section, acupuncture

Decision rationale: Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture to the left knee #18 sessions is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration of acupuncture. Initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. Subjectively, the injured worker complains of burning the pain, back pain and low back pain. The neck pain is associated with numbness and tingling of the bilateral upper extremities. Objectively, range of motion cervical spine is normal and there is tenderness to palpation in the lumbar paraspinal muscle groups. There is tenderness palpation of the rhomboids and mid trapezius. There are bilateral knee effusions with tenderness over the medial and lateral joint lines. Documentation is unclear as to whether the injured worker had prior acupuncture. If this request is an initial trial, 3 to 4 visits are appropriate when an evaluation as to objective functional improvement. If there is objective functional improvement a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician is requesting 18 sessions. This quantity falls outside of the recommended guidelines. In the alternative, if the injured worker received acupuncture and this is for additional sessions, the evidence is inconclusive for repeating the procedure (acupuncture) beyond an initial short course of therapy. Consequently, absent clinical documentation for an initial course of acupuncture versus a repeat course of acupuncture without objective evidence of functional improvement, acupuncture to the left knee #18 sessions is not medically necessary.

Capsaicin QTY#1 (unspecified strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaisin (unspecified strength) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have fail. Any compounded product that contains at least one drug (or drug class) is not recommended is not recommended. Capsaisin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is generally available as a 0.025% formulation (for osteoarthritis). There have been no studies of a 0.0375% formulation with no further efficacy. Although topical capsaicin as moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been control successfully with conventional therapy. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. Capsaisin is a topical analgesic that is largely experimental. Typically, it comes in a topical compound. The documentation does not contain a strength or a clinical indication or rationale. Consequently, Capsaisin (unspecified strength) is not medically necessary.

Flurbiprofen QTY#1 (unspecified strength): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Flurbiprofen comes in oral and topical formulations. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have fail. Any compounded product that contains at least one drug (or drug class) is not recommended is not recommended. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. Flurbiprofen comes in oral form and a topical form. The documentation does not distinguish between the two. The oral form his recommended at the lowest dose for the shortest period is unclear from the documentation whether the injured worker

was taking the nonsteroidal anti-inflammatory prior to the date of request. There is no evidence of objective functional improvement or a clinical indication or rationale. Consequently, absent documentation indicating whether this is an oral or topical form with objective functional improvement (from prior years), Flurbiprofen is not medically necessary.

Menthol QTY#1 (unspecified strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Menthol is not medically necessary. Menthol cream relieves minor pain caused by arthritis, bursitis, tendinitis, muscle strains or sprains, etc. Thorough history taking is always important in clinical assessment and treatment planning in the patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown undocumented medical and/or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and observe/understand pain behavior. History and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have fail. Any compounded product that contains at least one drug (or drug class) is not recommended. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. Menthol is used and topical compounds/topical analgesics. Menthol was requested on its own. The documentation is unclear as to the clinical indications/rationale for its use. Consequently, absent clinical documentation supporting the use of menthol with a clinical rationale in indication, menthol is not medically necessary.

EMG of the right lower extremity QTY #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMGs right lower extremity are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have

symptoms on the basis of radiculopathy. EMGs are recommended as an option, to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. The documentation indicates the injured worker has a well-established right lower extremity radiculopathy. This was diagnosed in the fall of 2011. The documentation does not contain a clinical indication or rationale for ordering an EMG/NCV of the bilateral lower extremities. Additionally, is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Injured worker has symptoms on the basis of radiculopathy. Consequently, EMG right lower extremity is not medically necessary.

EMG of the left lower extremity QTY #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMGs left lower extremity are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option, to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. The documentation indicates the injured worker has a well-established right lower extremity radiculopathy. This was diagnosed in the fall of 2011. The documentation does not contain a clinical indication or rationale for ordering an EMG/NCV of the bilateral lower extremities. Additionally, is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Injured worker has symptoms on the basis of radiculopathy. Consequently, EMG left lower extremity is not medically necessary.

NCV right lower extremity QTY#1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, NCV right lower extremity are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option, to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. The documentation indicates the injured worker has a well-established right lower extremity radiculopathy. This was diagnosed in the fall of 2011. The documentation does not contain a clinical indication or rationale for ordering an EMG/NCV of the bilateral lower extremities. Additionally, There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has symptoms on the basis of radiculopathy. Consequently, NCV right lower extremity is not medically necessary.

NCV left lower extremity QTY #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, NCV left lower extremity are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option, to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are cervical spine sprain/strain, r/o HNP; thoracic spine sprain/strain, r/o HNP; lumbar spine sprain/strain, r/o HNP; bilateral knee sprain/strain, r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; and stress. The documentation indicates the injured worker has a well-established right lower extremity radiculopathy. This was diagnosed in the fall of 2011. The documentation does not contain a clinical indication or rationale for ordering an EMG/NCV of the bilateral lower extremities. Additionally, there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has symptoms on the basis of radiculopathy. Consequently, NCV left lower extremity is not medically necessary.