

Case Number:	CM15-0063265		
Date Assigned:	04/09/2015	Date of Injury:	02/18/2014
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 42 year old male, who sustained an industrial injury on 02/18/2014 reporting a low back injury. On provider visit dated 02/12/2015 the injured worker has reported lower back pain. On examination a decreased range of motion of lumbar spine and decreased strength in bilateral lower extremities was noted. The diagnoses have included lumbar radiculopathy. Treatment to date has included medication, electromyogram and nerve conduction studies. The provider requested EMG/NCS of the Bilateral Lower Extremities, Lidopro Topical Ointment #1 and Chiropractic Treatment (8-sessions, 2 times a week for 4 weeks).

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): (s) 287-326, page(s) 165-188, page 261.

Decision rationale: The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain that went into the legs. There was no discussion suggesting subtle neurologic findings or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an electromyography (EMG) and nerve conduction velocity (NCV) testing of both legs is not medically necessary.

Lidopro Topical Ointment #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The LidoPro is a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%), and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for one container of LidoPro is not medically necessary.

Chiropractic Treatment (8-sessions, 2 times a week for 4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs. These records did not address the amount or results of prior chiropractic care, if any had occurred. There was no discussion detailing functional issues, the goals of this therapy, or why this type of treatment was likely to be of benefit. In the absence of such evidence, the current request for eight sessions of chiropractic care done twice weekly for four weeks is not medically necessary.