

Case Number:	CM15-0066669		
Date Assigned:	04/14/2015	Date of Injury:	10/26/2013
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 10/26/2013. He reported a low back injury after a day of heavy lifting. The injured worker was diagnosed as having lumbago and lumbar spinal stenosis. Lumbar magnetic resonance imaging showed disc protrusion at lumbar 4-5 and mild stenosis. Treatment to date has included physical therapy and medication management. In a progress note dated 2/12/2015, the injured worker complains of low back pain that radiated down the right leg. The treating physician is requesting lumbar electromyography (EMG) and nerve conduction study and Flurbiprofen/Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG study lumbar spine is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbago, low back pain; lumbar spinal stenosis. The treatment plan, according to a February 17, 2015 progress note, states the patient has chronic low back pain probably due to nerve impingement at L5 on the right side. It is shown in both magnetic resonance imaging scans and symptomatically. Subjectively, there is a right lower extremity radiculopathy involving the L5 dermatome. Objectively, there are no neurologic findings indicative of radiculopathy. The treating provider recommends electrodiagnostic studies. However, EMGs are not recommended if radiculopathy is already clinically obvious. Based on the clinical documentation in the medical record and the peer-reviewed evidence-based guidelines, EMG studies of the lumbar spine are not medically necessary.

Flurbiprofen 25%, Capsaicin 0.0275% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%/ Capsaicin 0.0275% #120gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbago, low back pain; lumbar spinal stenosis. The area to be treated is not documented in the medical record. Topical Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen-not FDA approved topical use) that is not recommended is not recommended. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, Flurbiprofen 20%/ Capsaicin 0.0275% #120gm is not recommended. Based on clinical information and medical record and peer-reviewed evidence-based guidelines, Flurbiprofen 20%/ Capsaicin 0.0275% #120gm is not medically necessary.

NCS of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, NCS study lumbar spine is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are lumbago, low back pain; lumbar spinal stenosis. The treatment plan, according to a February 17, 2015 progress note, states the patient has chronic low back pain probably due to nerve impingement at L5 on the right side. It is shown in both magnetic resonance imaging scans and symptomatically. Subjectively, there is a right lower extremity radiculopathy involving the L5 dermatome. Objectively, there are no neurologic findings indicative of radiculopathy. The treating provider recommends electrodiagnostic studies. However, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker is presumed to have symptoms on the basis of radiculopathy and, consequently, nerve conduction velocity studies are not necessary. Based on the clinical documentation in the medical record and the peer-reviewed evidence-based guidelines, NCS studies of the lumbar spine are not medically necessary.