

Case Number:	CM14-0141457		
Date Assigned:	09/10/2014	Date of Injury:	05/13/2014
Decision Date:	11/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Has a Subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with the date of injury of May 15, 2014. A utilization review determination dated July 30, 2014 recommends noncertification of an EMG of bilateral lower extremities, NCV of bilateral lower extremities, cyclo/keto/lido cream 240 g with 1 refill, and transportation to and from all visits. A progress note dated July 15, 2014 identifies subject of complaints of lumbar spine pain rated at an 8-9/10, left lower extremity pain, and muscle spasms of lumbar spine. The patient also complains of right foot pain rated at an 8/10, the pain is constant and is increased with weight bearing, the patient has had three cortisone injections to the right front with mild relief and symptoms for 2-3 weeks. The patient will start naproxen, she is currently taking over-the-counter NSAIDs. The physical examination notes that there is no change since the last visit, the physical examination also reveals that the patient exhibits difficulty with rising from sitting, has a slumped posture, and has an antalgic gait with difficulty walking. The diagnoses include right foot plantar fasciitis with calcaneal spurs, lumbar spine sprain/strain with degenerative disc disease and left lower extremity radiculopathy, obesity, SAD, and sleep disturbance. The treatment plan recommends chiropractic care for the lumbar spine, and an EMG/NCV for the lumbar spine due to patient complaint of left lower extremity pain, NT, and to rule out lumbar radiculopathy. The treatment plan also recommends naproxen 550 mg #60, Cyclo-Keto-Lido Cream #240 g, and the patient declines injection to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of The Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested EMG of bilateral lower extremities is not medically necessary.

NCV of The Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative

treatment directed towards these complaints. In the absence of such documentation, the currently requested NCV of bilateral lower extremities is not medically necessary.

Cyclo/Keto/Lido cream 240gm with 1 refill: Upheld

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

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

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of cyclo/keto/lido cream 240gm with 1 refill. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical cyclobenzaprine, guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Regarding the use of a topical non-steroidal anti-inflammatory (NSAID), guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested cyclo/keto/lido cream 240gm with 1 refill is not medically necessary.

Transportation to and from all visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California: Nonemergency MedicalTransportationhttp://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.html

Decision rationale: Regarding the request for transportation to and from all visits, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is

medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation to and from all visits is not medically necessary.