

Case Number:	CM14-0030966		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2011
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 41-year-old male injured on 11/15/11 while performing his normal duties as a laborer. Current diagnoses include low back pain, lumbar spine disc displacement, and lumbar spine radiculitis. Clinical note dated 3/3/14 indicates the injured worker presented complaining of burning, radicular low back pain and muscle spasms with associated weakness, numbness, tingling of the lower extremities. The injured worker rated his pain at 6-7/10 on the visual analog scale and reported he is unable to stand for greater than 15 minutes due to severity of back pain. Injured worker reports symptoms persist; however, medications offer him temporary relief of pain and improve his ability to have restful sleep. Physical examination revealed decreased lumbar right range of motion, tenderness to paraspinal musculature, right-sided muscle guarding, positive straight leg raise bilaterally, and decreased sensation to the left lower extremities bilaterally. NCV report dated 02/25/2014 indicated normal nerve conduction velocities, amplitudes and latencies with no evidence of peripheral nerve entrapment. The initial request for one EMG (electromyography) of the bilateral lower extremities, one NCV (nerve conduction velocity) of the bilateral lower extremities, and Terocin patches quantity unknown was non-certified on 3/5/14. The request for EMG/NCV of bilateral lower extremities was modified to one EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (Electromyography) of the bilateral lower extremities: 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): 303.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of acute and sub-acute low back disorders. EMG for clinically obvious radiculopathy in acute, sub-acute, and chronic radicular pain syndromes (including sciatica) is not recommended. Clinical documentation indicates objective findings significant for the presence of radicular symptoms. Additionally, there were no official imaging studies provided for review. As such, the request for 1 EMG (Electromyography) of the bilateral lower extremities cannot be recommended as medically necessary.

1 NCV (Nerve Conduction Velocity) of the bilateral lower extremities: 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 OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), NERVE CONDUCTION STUDIES (NCS).

Decision rationale: As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As such, the request for 1 NCV (Nerve Conduction Velocity) of the bilateral lower extremities cannot be recommended as medically necessary.

Terocin Patches (quantity unknown): 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 SALICYLATE TOPICALS Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Terocin Patches (quantity unknown) cannot be recommended as medically necessary.