

Case Number:	CM13-0020031		
Date Assigned:	02/05/2014	Date of Injury:	05/01/2013
Decision Date:	07/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation 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:

The injured worker is a 58-year-old female with a reported date of injury on 05/01/2013. The injury reportedly occurred when the injured worker was assisting a patient from bed to the commode and the resident fell, holding onto the injured worker, pulling her down. Her diagnoses were noted to include cervical spinal strain, lumbar spinal strain, cervical radiculopathy, and lumbar radiculopathy. Her previous treatments were noted to include physical therapy, medications, and chiropractic therapy. The progress note dated 09/25/2013 reported the injured worker complained of neck pain with radiation into the upper extremities with paresthesias. The injured worker stated physical therapy and acupuncture gave temporary relief, but had complaints of low back pain that radiated to the lower extremities with paresthesias. The physical examination noted the cervical spine and lumbar spine range of motion was within normal limits. The examination revealed the injured worker was tender in the cervical lumbar paraspinals, trapezial muscles, and had a diminished range of motion with muscle guarding of the cervical and lumbar spine. There was some pain on the ranges of motion, sense and motor exam were grossly intact, and there was pain on the straight leg raise testing. The provider reported an MRI on an unknown date of the cervical/lumbar spine showed multilevel cervical and lumbar disc bulging with foraminal stenosis. An electromyography and nerve conduction velocity study to the bilateral upper extremities dated 09/27/2013 revealed bilateral mild carpal tunnel syndrome. The request for authorization form dated 07/31/2013 is for aquatic therapy 2 times a week for 6 weeks and an electromyography/nerve conduction velocity upper and lower. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy two times per week for six weeks: 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 Aquatic therapy Page(s): 22.

Decision rationale: The request for aquatic therapy 2 times per week for 6 weeks is non-certified. The injured worker has received physical therapy previously with short-term relief. The California Chronic Pain Medical Treatment Guidelines recommend aqua therapy as a form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is a lack of documentation regarding a need for non weight bearing exercise or extreme obesity to warrant the need of aqua therapy. The documentation provided showed the cervical and lumbar examinations with ranges of motion within normal limits; however, on the same progress note it is documented diminished range of motion with muscle guarding of the cervical and lumbar spine. The contradictory information provided does not warrant aqua therapy at this time. Additionally, there is a lack of documentation indicating the injured worker is extremely obese or has a necessity for non-weight bearing exercises. As such, the request is non-certified.

Electromyogram (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an electromyogram of the bilateral upper extremities is non-certified. The injured worker has had a previous electromyogram of the bilateral upper extremities on 09/27/2013. The CA MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that specify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities, including H-reflex test, may help identify subtle, focal, neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The electromyography is used to identify and define neck and upper back pathology in regards to identifying physiological insults as well as anatomic defects. The documentation provided reported an electromyography and nerve conduction study was performed on 09/27/2013 which showed mild bilateral carpal tunnel syndrome. The

documentation provided indicated there was some pain on the ranges of motion and positive straight leg raise tests but sense and motor exam were grossly intact. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is non-certified.

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an electromyogram of the bilateral lower extremities is non-certified. The injured worker indicated there was some pain on the ranges of motion and positive straight leg raise tests but sense and motor exam were grossly intact. The CA MTUS/ACOEM guidelines state an electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patient with low back symptoms lasting more than three or four weeks. The electromyography can be used to identify and define low back pathology such as disk protrusion, cauda equine syndrome, spinal stenosis, and post laminectomy syndrome which can also be detected by an MRI. The injured worker has had a previous MRI on an unknown date of the cervical/lumbar spine showed multilevel cervical and lumbar disc bulging with foraminal stenosis. Additionally, there is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is non-certified.

Nerve Conduction Velocity (NCV) study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for a nerve conduction velocity study of the bilateral upper extremities is non-certified. The injured worker indicated there was some pain on the ranges of motion and positive straight leg raise tests but sense and motor exam were grossly intact. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathic or non-neuropathic processes if other diagnose may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachia plexus abnormality, diabetic

neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Additionally, the documentation provided a nerve conduction study performed on 09/27/2013 which showed mild bilateral carpal tunnel syndrome. There is also a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is non-certified.

Nerve Conduction Velocity (NCV) study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178; 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, Nerve Conduction Studies.

Decision rationale: The request for a nerve conduction velocity study of the bilateral lower extremities is non-certified. The injured worker indicated there was some pain on the ranges of motion and positive straight leg raise tests but sense and motor exam were grossly intact. The Official Disability Guidelines do not recommend nerve conduction studies to the low back. The guidelines state there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Additionally, there is also a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is non-certified.