

<b>Case Number:</b>	CM13-0024576		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Occupational 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:

The patient is a 54-year-old male who has filed a claim for cervical and lumbar sprain/strain associated with an industrial injury date of May 28, 2013. Review of progress notes indicates upper back pain radiating down the shoulders to the fingers; low back pain radiating down the legs with numbness and tingling; right elbow pain; and insomnia. Findings include tenderness over the cervical and lumbar regions with spasms and decreased range of motion, and positive sitting root test. Examination of the right elbow/forearm showed tenderness over the medial epicondyle, limited range of motion, positive cubital tunnel's syndrome, and crepitus. MRI of the lumbar spine dated December 07, 2013 showed multilevel disc desiccation and disc protrusions with spinal stenosis and bilateral neuroforaminal stenosis at L3-4 and L4-5. MRI of the cervical spine showed multilevel disc desiccation causing spinal canal stenosis. MRI of the right elbow showed lateral and medial epicondylitis. Electrodiagnostic testing of the upper extremities dated August 19, 2013 was normal. Electrodiagnostic testing of the lower extremities dated July 22, 2013 showed normal results. Treatment to date has included muscle relaxants, NSAIDs, topical analgesics, acupuncture, and sedatives. Utilization review from August 22, 2013 denied the requests for functional restoration program as there was no documentation of adequate trial of conservative care. There was modified certification for chiropractic treatment with chiropractic supervised physiotherapy and myofascial release for 6 visits. Reasons for denial of EMG and NCV of bilateral upper and lower extremities were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RANGE OF MOTION AND MUSCLE TESTING: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Range of Motion and Muscle Testing.

**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 chapter, Flexibility; Knee and Leg chapter, Computerized muscle testing.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, flexibility should be part of a routine musculoskeletal evaluation. Regarding strength testing, computerized muscle testing is not recommended. There are no studies to support computerized strength testing for the extremities. In this case, there are no indications to support a specialized range of motion and muscle testing over a thorough physical examination. Therefore, the request for range of motion and muscle testing was not medically necessary.

**CHIROPRACTIC TREATMENT WITH CHIROPRACTIC SUPERVISED PHYSIOTHERAPY AND MYOFASCIAL RELEASE 2 X WEEK FOR 6 WEEKS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, the body part to which these chiropractic sessions are directed to is not specified. Additional information is necessary to support this request. Therefore, the request for chiropractic treatment with chiropractic supervised physiotherapy and myofascial release 2x6 was not medically necessary.

**FUNCTIONAL RESTORATION PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. Patients should be motivated to improve and return to work. Criteria for use of multidisciplinary pain management programs include an adequate and thorough multidisciplinary evaluation has been made, unsuccessful attempts with conservative treatment options, significant loss of ability to function independently due to the chronic pain, and the patient is not a surgical candidate. Negative predictors of success include a negative relationship with the employer, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain. In this case, there is no documentation of failure of conservative treatment, significant loss of ability to function independently, or a thorough multidisciplinary evaluation to support this request. Therefore, the request for functional restoration program was not medically necessary.

**EMG BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Electrodiagnostic studies.

**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, EMGs (electromyography).

**Decision rationale:** CA MTUS ACOEM Guidelines state that EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCVs are not recommended when symptoms are presumed to be on the basis of radiculopathy. In this case, the patient presents with low back pain radiating down the lower extremities with positive seated nerve root test. However, electrodiagnostic testing of the lower extremities dated July 22, 2013 showed normal results. There have been no significant changes in the lower extremity findings to support a repeat electrodiagnostic test. Therefore, the request for EMG bilateral lower extremities was not medically necessary.

**EMG BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient presents with symptoms consistent with cervical radiculopathy and cubital tunnel syndrome. However, electrodiagnostic testing of the upper extremities dated August 19, 2013 was normal. There have been no significant changes in the upper extremity findings to support a repeat electrodiagnostic test. Therefore, the request for EMG bilateral upper extremities was not medically necessary.

**NCV BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Electrodiagnostic studies.

**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 chapter, Nerve conduction studies (NCS).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient presents with low back pain radiating down the lower extremities with positive seated nerve root test. However, electrodiagnostic testing of the lower extremities dated July 22, 2013 showed normal results. There have been no significant changes in the lower extremity findings to support a repeat electrodiagnostic test. Therefore, the request for NCV bilateral lower extremities was not medically necessary.

**NCV BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational & Disability Guidelines, Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. In this case, the patient presents with symptoms consistent with cervical radiculopathy and cubital tunnel syndrome. However, electrodiagnostic testing of the upper extremities dated August 19, 2013 was normal. There have been no significant changes in the upper extremity findings to support a repeat electrodiagnostic test. Therefore, the request for NCV bilateral upper extremities was not medically necessary.