MAXIMUS Federal Services

Case Number:	CM13-0035544		
Date Assigned:	12/18/2013	Date of Injury:	07/25/2010
Decision Date:	02/21/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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 59 year old woman who sustained a work related injury on July 25, 2010. She subsequently developed chronic neck pain for which she underwent pericutaneous epidural decompression neuroplasty on August 1, 2011, and on September 26, 2011. Her neck pain is exacerbated by exercise, such as lifting. She reported chronic shoulder pain more in the right than the left with grip weakness. She also developed chronic headache, left ear hearing loss with tinnitus. Physical examination demonstrated cervical tenderness with limited range of motion and decreased left hearing compared to the right side. The electromyography/nerve conduction velocity (EMG/NCV) study of 2011 showed bilateral carpal tunnel syndrome and C5-6 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 178.

Decision rationale: According to the MTUS guidelines, EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. Also according to the MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is also useful to identify physiological insult and anatomical defect in case of neck pain. The patient developed chronic neck pain for several years without recent evidence of radicular pain and no recent clear justification for the need of an EMG. The patient's last physical examination was done in 2012. Therefore, the request for EMG of left upper extremity is not medically necessary.

NCV of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 178.

Decision rationale: According to the MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient developed chronic neck pain for several years without recent evidence of radicular pain and no recent clear justification for the need of NCV. There is no recent clinical evidence suggestive of entrapment neuropathy. The patient's last physical examination was done in 2012. Therefore, the request for NCV of left upper extremity is not medically necessary.

EMG of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 178.

Decision rationale: According to the MTUS guidelines, EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. Also according to the MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction

can be obtained before ordering an imaging study. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is also useful to identify physiological insult and anatomical defect in case of neck pain. The patient developed chronic neck pain for several years without recent evidence of radicular pain and no recent clear justification for the need of an EMG. The patient's last physical examination was done in 2012. Therefore, the request for EMG of right upper extremity is not medically necessary.

NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 178.

Decision rationale: According to the MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient developed chronic neck pain for several years without recent evidence of radicular pain and no recent clear justification for the need of NCV. There is no recent clinical evidence suggestive of entrapment neuropathy. The patient's last physical examination was done in 2012. Therefore, the request for NCV of right upper extremity is not medically necessary.

Polysomnogram study: 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 Official Disability Guidelines (ODG) Polysomnography.

Decision rationale: The MTUS guidelines are silent regarding polysomnography. According to the Official Disability Guidelines, polysomnography is indicated for excessive daytime somnolence, catalepsy, morning headache, intellectual deterioration, personality change and insomnia for at least 6 months unresponsive to conservative therapies. There is no clear recent documentation of insomnia or other indication of polysomnography. Therefore, the requested polysomnogram study is not medically necessary

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to the MUTUS guidelines, TENS is not recommended as a primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a postivie one month trial of TENS. Therefore, the prescription of TENS unit (purchase) is not medically necessary.

Moist heating pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initial approaches to treatments Page(s): 44.

Decision rationale: According to the MTUS guidelines, musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free. There is no clear and recent documentation supporting the need for a heating pad to manage acute pain. The patient's last documented examination was in 2012 and there is no rationale to use a heating pad. Therefore, the requested moist heating pad is not medically necessary.

Audiology - ENG/Baer tests: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape website

Decision rationale: The MTUS guidelines are silent regarding audiology - ENG/Baer tests. Auditory brainstem response (ABR) audiometry is considered an effective screening tool in the evaluation of suspected retrocochlear pathology such as an acoustic neuroma or vestibular schwannoma. However, an abnormal ABR finding suggestive of retrocochlear pathology indicates the need for MRI of the cerebello pontine angle. There is no recent documentation supporting the need for auditory testing. The last clinical note documenting the patient's evaluation was in 2012. Therefore, the requested audiology testing is not medically necessary.