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| Case Number: | CM13-0038202 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 04/28/1998 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 60-year-old female with date of injury of 04/28/1998. Per treater's report 08/15/2013, patient presents with chronic severe neck and low back pain due to stenosis, degeneration, myofascial pain. Patient is not working, but volunteers as an RN at a clinic. Patient has psych issues as well. Current medications listed are Hydrocodone, Omeprazole, Medi-Derm, Restoril, Arthrotec, and Lidoderm. Listed diagnoses are: (1) Pain in the joint, (2) Unspecified peripheral neuropathy, (3) Degeneration of lumbosacral spine, (4) Lumbago, (5) Brachial neuritis, (6) Radiculitis, (7) Intervertebral cervical disorder, (8) Interstitial myositis, (9) Cervicalgia, (10) Displacement of cervical intervertebral disc without myelopathy, (11) Unspecified myalgia/myositis, (12) Degeneration of the cervical intervertebral disc, (13) Endocarditis valve, unspecified, (14) Other acute reactions to stress. The request is for upper and lower extremity EMG/NCV due to increasing pain and radiculopathy especially in the left leg, physical therapy 2 times for 6 weeks, continued medications is outlined, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY(EMG) OF THE LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, updated 5/10/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: This patient presents with chronic neck and low back pain since injury in 1998. Total of 1,170 pages of reports were provided. Much of the reports were duplicates. Despite careful review of all the pages, I was not able to uncover prior report of EMG/NCV studies of the lumbar spine. I was not able to find any reference to electrodiagnostic studies performed to the lumbar spine or lower extremities. ACOEM Guidelines page 303 supports the use of EMG studies for evaluation of low back pain to uncover focal neurologic deficits. Given that this patient has not had EMG study of the lumbar spine/lower extremities, recommendation is for authorization.

NERVE CONDUCTION VELOCITY(NCV) STUDY OF THE LOWER EXTREMITIES:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic persistent low back pain with some radiating symptoms down the lower extremities. The treating physician has asked for NCV studies of the lower extremities. Although ACOEM Guidelines page 303 supports EMG studies including H-reflex test, NCV studies are not supported as a routine for lumbar condition per ODG Guidelines. Regarding NCV studies, ODG Guidelines state that it is not recommended as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. On this patient, the patient is presumed to have leg symptoms on the basis of radiculopathy. However, I do note that the treating physician has listed idiopathic peripheral neuropathy as one of the diagnoses. In this case, nerve conduction studies are recommended as the patient's leg symptoms cannot be presumed to be coming from the lumbar spine. Per recommendation is for authorization of the NCV studies requested.

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF PAIN IN THE SPINE, TRAPEZIUS AND LEVATOR SCAPULAE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary, updated 5/14/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic low back, neck, upper and lower extremity pains. There is a request for physical therapy 12 sessions. Utilization review letter dated 09/11/2013 modified this request to authorize 6 sessions. Despite review of 1170 pages of reports, there is not a single physical therapy report to understand the patient's physical therapy history. Review of the treating physician's report from 01/15/2013 to 08/15/2013 does not show evidence that this patient has had recent physical therapy. A short course of physical therapy may be reasonable, but the request for 12 sessions exceeds what is allowed by MTUS Guidelines. MTUS Guidelines recommends 9 to 10 sessions for myalgia-, myositis-, neuritis-, neuralgia-type of conditions that this patient suffers from. Recommendation is for denial.

ELECTROMYOGRAPHY(EMG) OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary, updated 5/14/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG): EMGs (Electromyography). Page(s): 262.

Decision rationale: This patient presents with persistent neck pain, upper extremity pains. The treating physician has asked for updated EMG stating that the patient's symptoms have worsened. Review of the reports shows that there is a reference to electrodiagnostic studies performed on 11/01/2011 that showed mild reinnervation of the C6 and C7, but normal nerve conduction studies. Pain alone is not the grounds updating electrodiagnostic studies. While ACOEM Guidelines and ODG Guidelines support electrodiagnostic studies for neck and upper extremity symptoms to differentiate carpal tunnel syndrome versus radiculopathy and other conditions, in this case electrodiagnostic studies were already obtained in 2011. There is no evidence of progressive neurologic deficit, no evidence of new injury or significant change in the patient's neurologic status. Repeat electrodiagnostic studies are not indicated. There are no pending surgeries either. Recommendation is for denial.

NERVE CONDUCTION VELOCITY(NCV) STUDY OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: EMGs (Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), hand/wrist symptoms, 262

Decision rationale: This patient presents with persistent neck pain, upper extremity pains. The treating physician has asked for updated EMG stating that the patient's symptoms have worsened. Review of the reports shows that there is a reference to electrodiagnostic studies performed on 11/01/2011 that showed mild reinnervation of the C6 and C7, but normal nerve

conduction studies. Pain alone is not the grounds updating electrodiagnostic studies. While ACOEM Guidelines and ODG Guidelines support electrodiagnostic studies for neck and upper extremity symptoms to differentiate carpal tunnel syndrome versus radiculopathy and other conditions, in this case electrodiagnostic studies were already obtained in 2011. There is no evidence of progressive neurologic deficit, no evidence of new injury or significant change in the patient's neurologic status. Repeat electrodiagnostic studies are not indicated. There are no pending surgeries either. Recommendation is for denial.