MAXIMUS Federal Services

Case Number:	CM13-0072757		
Date Assigned:	01/10/2014	Date of Injury:	05/29/2009
Decision Date:	06/06/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 38 year old female who reported an injury on 05/29/2009. The reported mechanism of injury was an automobile accident. The clinical note dated 10/25/2013 reported the injured worker complained of low back pain which was rated at a 7/10, cervical pain rated at a 5/10 with left upper extremity symptoms and bilateral wrist and hand pain rated at a 5/10. She stated her medication regimen that included Hydrocodone 7.5mg, for breakthrough pain, allowed her a greater range of motion and improved tolerance to exercises. The physical examination reported tenderness to the lumbar spine with range of motion to include flexion at 50 degrees and extension at 30 degrees with pain. There was reported point tenderness over the bilateral L4 and L5 facets. The diagnosis included facet mediated low back pain bilateral L4-5 and L5-S1, refractory to treatment. The injured worker underwent Rhizotomies in April 2012 and December 2012, a carpal tunnel release in May 2012, an MRI 09/19/2013 and an upper extremity nerve conduction study on 02/19/2013. The request for authorization for Electromyography (EMG)/Nerve Conduction Velocity (NCV) was submitted on 06/18/2013. The request for authorization for Rhizotomy was submitted on 04/10/2013. A clear rationale for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Radiofrequency Ablation- Electrodiagnostic Testing (EMG/Nerve Conduction Velocity (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The request for an Electromyography (EMG) of the bilateral upper extremeties is not medically necessary and appropriate. The injured worker has a history of cervical pain with left upper extremity symptoms and bilateral wrist and hand pain. The ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided, there is no evidence of radiculopathy, to include radiating pain with numbness and/or tingling or documented evidence the injured worker failed conservative care. Therefore, the request for an EMG of the bilateral upper extremities is not medically necessary and appropriate.

NCV OF THE BILATERAL UPPER EXTREMITY, RHIZOTOMY BILATERAL L3, L4, L5 (FOR THE L4-5 AND L5-S1 LEVELS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Radiofrequency Ablation- Electrodiagnostic Testing (EMG/Nerve Conduction Velocity (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The request for an Nerve Conduction Velocity (NCV) of the bilateral upper extremeties is non-medically necessary and appropriate. The injured worker has a history of cervical pain with left upper extremity symptoms and bilateral wrist and hand pain. The ACOEM Guidelines state Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The guidelines also state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Based on the documentation provided, there is no evidence of peripheral neuropathy, to include radiating pain with numbness and/or tingling or documented evidence the injured worker failed conservative care. Therefore, the request for an NCV of the bilateral upper extremities is not medically necessary and appropriate.

RHIZOTOMY BILATERAL L3, L4, L5 (FOR THE L4-5 AND L5-S1 LEVELS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Radiofrequency Ablation- Electrodiagnostic Testing (EMG/Nerve Conduction Velocity (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The request for Rhizotomy bilateral L3, L4, L5 (for the L4-5 AND L5-S1 levels) is not medically necessary and appropriate. The injured worker has a history of cervical pain with left upper extremity symptoms and bilateral wrist and hand pain. The Official Disability Guidelines state the criteria for facet rhizotomy include diagnosis of facet joint pain and no more than two joint levels are to be preformed at one time. The guidelines also state repeat neurotomies should not occur at an interval of less than 6 months from the first procedure without a duration of relief documented for at least 12 weeks of 50% or greater and evidence of decreased medications and documented improvement in function. The documentation provided for review reported the injured worker underwent underwent Rhizotomies in April 2012 and December 2012 with a decrease of at least 50% for eight months as well as continued tenderness in the lumbar spine. However, the note on 03/27/2013 reported the injured worker's pain had returned 1-2 prior. Therefore, there is a lack of long-term relief from the last RFA procedure. In addition, there is a lack of evidence showing the injured worker decreased her oral medications and there is no documentation stating improvement in function. As such, the request for Rhizotomy bilateral L3, L4, L5 (for the L4-5 AND L5-S1 levels) is not medically necessary and appropriate.

RHIZOTOMY BILATERAL L3, L4, L5 (FOR THE L4-5 AND L5-S1 LEVELS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Radiofrequency Ablation- Electrodiagnostic Testing (EMG/Nerve Conduction Velocity (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The request for Rhizotomy bilateral L3, L4, L5 (for the L4-5 AND L5-S1 levels) is not medically necessary and appropriate. The injured worker has a history of cervical pain with left upper extremity symptoms and bilateral wrist and hand pain. The Official Disability Guidelines state the criteria for facet rhizotomy include diagnosis of facet joint pain and no more than two joint levels are to be preformed at one time. The guidelines also state repeat neurotomies should not occur at an interval of less than 6 months from the first procedure without a duration of relief documented for at least 12 weeks of 50% or greater and evidence of decreased medications and documented improvement in function. The documentation provided for review reported the injured worker underwent underwent Rhizotomies in April 2012 and December 2012 with a decrease of at least 50% for eight months as well as continued tenderness in the lumbar spine. However, the note on 03/27/2013 reported the injured worker's pain had

returned 1-2 prior. Therefore, there is a lack of long-term relief from the last RFA procedure. In addition, there is a lack of evidence showing the injured worker decreased her oral medications and there is no documentation stating improvement in function. As such, the request for Rhizotomy bilateral L3, L4, L5 (for the L4-5 AND L5-S1 levels) is not medically necessary and appropriate.