

<b>Case Number:</b>	CM14-0008720		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female with a reported injury on 05/27/2009. The mechanism of injury was not provided in the clinical notes. The clinical note dated 03/20/2014 reported the injured worker complained of constant sharp right upper extremity pain. It was reported the injured worker also complained that her right knee was 'buckling' and 'giving way'. The physical examination revealed the range of motion to her right knee demonstrated flexion to 110 degrees. It was noted the right knee was positive for crepitus with motion. Upon examination of the injured worker's right shoulder, it was noted to have a positive impingement sign and positive crepitus with movement. The injured worker's right shoulder's range of motion demonstrated flexion to 60 degrees, extension to 20 degrees, abduction to 65 degrees, and adduction to 20 degrees. The psychological note dated 12/02/2013, revealed the injured worker had stress and depression with her 'hair falling out'. Physical observation of the injured worker having her hair fall out was not provided in clinical note. The mechanism of the stress and depression was not identified in the psychological note. The injured worker's diagnoses included status post right shoulder scope, rotator cuff repair dated 05/17/2013 with residual adhesions; status post left shoulder scope dated 10/2010; chronic post-traumatic stress disorder; insomnia type sleep disorder due to pain; psychological factors affecting medical condition; and major depressive disorder. The injured worker's current medication list provided included Prozac, Atarax, and Lunesta. The provider requested electromyography (EMG) and nerve conduction velocities (NCV) to bilateral lower extremities. The rationales were not provided. The provider also requested a cognitive behavioral pain management as recommended by [REDACTED]. The request for authorization was submitted on 01/21/2014. The injured worker's previous treatments include psychology sessions (amount of sessions were 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 LOWER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The injured worker complained of pain to her right shoulder and right knee. The provider's rationale for electromyography was not indicated in clinical documentation. The California Medical Treatment Utilization Schedule and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle Electromyography (EMG) and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The guidelines recommend an EMG after 1 month of conservative therapy, there is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or Non-steroidal anti-inflammatory drugs (NSAIDs). There is a lack of physical examination evidence indicating the requesting provider suspected radiculopathy. Furthermore, there is a lack of documentation indicating the injured worker complained of radicular type pain. Therefore, the request is not medically necessary and appropriate.

### **NERVE CONDUCTION VELOCITIES (NCV) OF THE BILATERAL LOWER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve conduction studies (NCS).

**Decision rationale:** The injured worker complained of right shoulder and right knee pain. The provider's rationale for the NCV was not indicated in the clinical notes. The Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Nerve conduction velocities (NCV) are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy

to warrant a nerve conduction velocity. As such, the request is not medically necessary and appropriate.

**15 SESSIONS OF COGNITIVE BEHAVIORAL PAIN MANAGEMENT PROGRAM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The injured worker was noted to have depression. The provider's rationale for the cognitive behavioral pain management was due to the recommendation by [REDACTED]. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Cognitive Behavioral Therapy (CBT) guidelines for chronic pain require the patient to be screened for risk factors of delayed recovery, including fear avoidance beliefs. Initial therapy should include using a cognitive motivational approach with physical medicine for exercise instruction. If the patient lacks progress with physical medicine, consider a separate psychotherapy CBT referral after 4. There is a lack of physiological symptoms and deficits to support the necessity of the requested treatment. Moreover, the request for 15 sessions exceeds the guidelines recommended initial trial of 3 to 4 sessions over 2 weeks. As such, the request is not medically necessary and appropriate.