

<b>Case Number:</b>	CM14-0100857		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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:

119 pages were provided for review. The application for independent medical review was signed on June 27, 2014. The requests were for EMG NCS of the right upper and right lower extremity, X-ray of the cervical spine with flexion and extension views, and referral to pain management for a cognitive behavioral therapy evaluation and pain scoping coping skills. The only certified procedure was the EMG of the right upper extremity only. Per the records provided, the patient had a post laminectomy syndrome, lumbar radiculopathy, cervical radiculopathy and low back pain. The patient was described as a 72-year-old female who was injured back in the year 1999 while lifting a client. As of March 20, 2014 she had complaints of unspecified pain, muscle weakness, depression, poor energy, poor sleep quality and unchanged level of activity. Physical exam of the cervical spine showed restricted range of motion with flexion of 50, extension of 35 with pain, left lateral rotation of 80 and right lateral rotation of 75. There was spasm and tenderness of the paravertebral muscles bilaterally. She had a lumbar fusion at L4-L5 in 2002 with subsequent hardware removal in April 2008. Her last physical therapy was done two years ago. There was moderate pain relief and functional improvement. She was doing well on medicines without adverse reactions. She is permanent and stationary. X-rays of the lumbar spine from March 25, 2013 showed the past surgeries. Her medicines were Flector patch, Lidoderm patch, Norco, Aleve and Zocor. She was recommended for a one-time pain management psychologist to see if there were any psychological behavioral factors that might be contributing to chronic pain and electrodiagnostic studies to rule out peripheral nerve entrapment. There was a visit from June 12, 2014. She had neck pain radiating from the neck down to the right arm. The pain with medicines is five on a scale of 1 to 10. Without the medicines it is 10. Quality of sleep is fair. She was anxious and mildly depressed. She was working as a licensed vocational nurse. She was lifting and cleaning a client weighing 400

pounds with some help from a coworker. She injured the neck and lower back. She also notes having a history of falling accidents which aggravated her conditions. The cervical spine showed no cervical lordosis asymmetry or abnormal curvature. There was limited range of motion in flexion and extension. The diagnoses were post lumbar laminectomy syndrome, lumbar radiculopathy, cervical radiculopathy and low back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electromyography (EMG) of the right upper extremity and right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing even equivocal signs that might warrant clarification with electro diagnostic testing. There was no muscle or motor deficiencies noted, and no neural deficiencies to both areas. The request for the EMG to both the right upper and lower extremities is not medically necessary.

**Nerve Conduction Studies (NCS) of the right upper extremity and right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** As reviewed in the first request, the MTUS ACOEM notes that electro diagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electro diagnostic testing. There specifically were no signs suggesting neural condition issues that might warrant an NCV to both areas. The request for the study to both areas is not medically necessary.

**X-Ray of the cervical spine with flexion and extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG).

**Decision rationale:** The ODG notes in the Neck section, under Flexion and Extension x-rays, that quite simply, they are not recommended as primary criteria for range of motion. Simple physical examination of range of motion on observation, or with an office goniometer is sufficient. There were no signs on exam suggested of instability or spondylolisthesis, so the request is not supported for that purpose. The request is not medically necessary.

**Referral to Pain Management (cognitive behavioral therapy [CBT] evaluation and pain coping skills):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition 2004. Chapter 7, Page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The request is not medically necessary.