

Case Number:	CM14-0105446		
Date Assigned:	07/30/2014	Date of Injury:	06/07/2011
Decision Date:	12/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Spine Surgery 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 48-year-old male smoker who reported injuries when he slipped and struck his head against a door with loss of consciousness on 06/07/2011. On 02/13/2014, his diagnoses included closed head injury, cluster headache, cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, anxiety and depression. His complaints included cervical and lumbar pain rated 6/10. He reported his low back pain radiated down his left buttock, with numbness on his inner right thigh. Upon examination, there was moderate tenderness to palpation and spasms over the cervical paraspinal muscles extending to both trapezii. He had positive bilateral axial head compression tests and Spurling's sign. Cervical spine ranges of motion measured in degrees were flexion 20/30, extension 50/60, right lateral rotation 60/70, and left lateral rotation 70/70. His lumbar spine examination revealed diffuse tenderness to palpation over the lumbar paraspinal muscles with moderate facet tenderness along L4-S1 levels. His lumbar spine ranges of motion measured in degrees were bilateral bending 20/30, flexion 50/70 and extension 10/20. An MRI of the lumbar spine on 12/03/2013 revealed there were mild bilateral facet degenerative changes at L5-S1. There was severe disc space narrowing. There was vacuum disc phenomenon. There were mild degenerative endplate changes. There was a 3-4 mm broad based posterior disc bulge with no spinal stenosis. There was no right neural foraminal narrowing. There was mild to moderate left neural foraminal narrowing. On 06/18/2014, he received an L3 bilateral facet nerve injection. The results of that injection were not included in the submitted documents. On 06/10/2014, the treatment plan included lumbar facet injections once every 3 months for 1 year and EMG/NCV of the bilateral upper and lower extremities. There was no rationale included in this injured worker's chart. A Request for Authorization for the injections only dated 06/04/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections, once every three months for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: The request for lumbar facet injections, once every three months for one year is not medically necessary. The California ACOEM Guidelines note that invasive techniques including local injections and facet joint injections of cortisone and Lidocaine are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, facet joint injections offer no significant long term functional benefit, nor do they reduce the need for surgery. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy. If neurotomy is chosen as an option for treatment, diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain include 1 set of diagnostic medial branch blocks is required with a response of equal or greater than 70% lasting at least 2 hours. They should be limited to patients with low back pain that is non-radicular at no more than 2 levels bilaterally. The results of the facet injection given on 06/18/2014 were not available for review. The patient described radicular pain upon examination. Additionally, the request did not specify the levels to be injected, or whether they were to be unilateral or bilateral. The clinical information submitted failed to meet the evidence based guidelines for facet injections. Therefore, this request for lumbar facet injections, once every three months for one year is not medically necessary.

Electromyogram (EMG) to the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Electromyogram

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 272.

Decision rationale: The request for electromyogram to the left upper extremity is not medically necessary. The California ACOEM Guidelines note that nerve conduction velocity study is not recommended for all acute, subacute and chronic hand, wrist and forearm disorders. Electromyography/nerve conduction velocity (EMG/NCV) studies are only recommended for a diagnosis of carpal tunnel syndrome. Routine use of NCV or EMG and diagnostic evaluation of

nerve entrapment or screening in patients without corresponding symptoms is not recommended. Therefore this request for electromyogram to the left upper extremity is not medically necessary.

Electromyogram (EMG) to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Electromyogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for electromyogram to the right upper extremity is not medically necessary. The California ACOEM Guidelines note that nerve conduction velocity study is not recommended for all acute, subacute and chronic hand, wrist and forearm disorders. Electromyography/nerve conduction velocity (EMG/NCV) studies are only recommended for a diagnosis of carpal tunnel syndrome. Routine use of NCV or EMG and diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. Therefore, this request for electromyogram to the right upper extremity is not medically necessary.

Nerve conduction study (NCS) to the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for nerve conduction study to the left upper extremity is not medically necessary. The California ACOEM Guidelines note that nerve conduction velocity study is not recommended for all acute, subacute and chronic hand, wrist and forearm disorders. Electromyography/nerve conduction velocity (EMG/NCV) studies are only recommended for a diagnosis of carpal tunnel syndrome. Routine use of NCV or EMG and diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. Therefore, this request for nerve conduction study to the left upper extremity is not medically necessary.

Nerve conduction study (NCS) to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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Electromyogram (EMG) to the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Electromyogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography, pages 710-711

Decision rationale: The request for electromyogram to the left lower extremity is not medically necessary. The California ACOEM Guidelines note that electrodiagnostic studies are not recommended for patients with acute, subacute or chronic back pain who do not have significant lower extremity pain or numbness. As imaging studies (especially CT and MRI) have progressed, the need for EMG has declined. There are no quality studies regarding the use of electromyography. This worker's lumbar MRI of 12/03/13 was definitive. The clinical information submitted failed to meet the evidence based guidelines for electromyogram. Therefore, this request for electromyogram to the left lower extremity is not medically necessary.

Electromyogram (EMG) to the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Electromyogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electromyography, pages 710-711

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electromyography. This worker's lumbar MRI of 12/03/13 was definitive. The clinical information submitted failed to meet the evidence based guidelines for electromyogram. Therefore, this request for electromyogram to the right lower extremity is not medically necessary.

Nerve Conduction study (NCS) to the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction study to the left lower extremity is not medically necessary. The California ACOEM Guidelines note that assessment of patient's should include general observations including changes in position, stance and gait, a regional examination of the spine, neurological examination, testing for nerve root tension and monitoring pain behavior during range of motion as a clue to the origin of the problem. The guidelines further recommend the importance of determining whether or not there is nerve root compromise. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is presented to have symptoms on the basis of radiculopathy. This injured worker has a diagnosis of lumbar radiculopathy with associated clinical symptomology. The need for a nerve conduction study was not clearly demonstrated in the submitted documentation. Therefore, this request for nerve conduction study to the left lower extremity is not medically necessary.

Nerve Conduction study to the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation Official Disability Guidelines:Nerve Conduction study

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Nerve conduction studies (NCS)

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demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is presented to have symptoms on the basis of radiculopathy. This injured worker has a diagnosis of lumbar radiculopathy with associated clinical symptomology. The need for a nerve conduction study was not clearly demonstrated in the submitted documentation. Therefore, this request for nerve conduction study to the right lower extremity is not medically necessary.