

<b>Case Number:</b>	CM14-0014528		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

The patient is a 31-year-old male who has submitted a claim for cervical spine and lumbar spine sprain / strain, rule out disc pathology, and left shoulder impingement syndrome / subacromial bursitis associated with an industrial injury date of October 26, 2012. Medical records from 2013 were reviewed. The patient complained of intermittent neck pain radiating to the head, graded 3-5/10 in severity; as well as intermittent left shoulder pain radiating to the left arm, accompanied by burning sensation. He reported low back pain radiating to gluteal areas, associated with numbness and tingling sensation at the right leg. Aggravating factors included pushing, pulling, prolonged sitting, and driving. Alleviating factors included rest, medications, and massage. Physical examination showed tenderness and restricted range of motion of the left shoulder, cervical spine, thoracic spine, and lumbar spine. Positive provocative tests included bilateral foraminal compression, cervical distraction, and shoulder depression. Straight leg raise test was positive on the right. Kemp's sign and Scheppelman's test were positive bilaterally. Speed's test and Supraspinatus test were positive on the left. Reflexes and sensory exam were normal. Motor strength of left shoulder muscles were graded 5/5. An MRI of the cervical spine from December 19, 2013 revealed multiple disc herniations, and mild to moderate bilateral foraminal narrowing from C5-C6 and C6-C7 levels. An MRI of the lumbar spine from December 19, 2013 revealed multiple disc herniations and mild bilateral foraminal narrowing at L4-L5 level. An electromyogram (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities from February 12, 2014 revealed unremarkable findings. Treatment to date has included cortisone injection to the left shoulder, physical therapy, acupuncture, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic treatment to the Neck, Back and Left Shoulder (2 times per week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-59.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, patient has completed 16 sessions of chiropractic care as cited in utilization review from January 23, 2014. However, there is no documentation concerning pain relief and functional improvement attributed to manipulation therapy. Guideline criteria were not met. Therefore, the request is not medically necessary.

**Electromyography (EMG) of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238; table 10-6.

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

**Decision rationale:** The ACOEM Practice Guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to gluteal areas, associated with numbness and tingling sensation at the right leg. Physical examination showed positive straight leg raise test on the right. Kemp's sign and Scheppelman's test were positive bilaterally. Reflexes and sensory exam were normal. An MRI of the lumbar spine from December 19, 2013 revealed mild bilateral foraminal narrowing at L4-L5 level. Clinical manifestations at the right leg indicate radiculopathy; hence, EMG testing may be appropriate. However, the present request as submitted also included testing of the contralateral leg. There were no subjective complaints or significant PE findings of the left lower extremity. Therefore, the request is not medically necessary.

**Electromyography (EMG) of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders, page 238; table 10-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** The ACOEM Practice Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of intermittent neck pain radiating to the left arm, accompanied by burning sensation. Physical examination showed positive bilateral foraminal compression, cervical distraction, and shoulder depression tests. Motor, sensory, and reflexes were normal. An MRI of the cervical spine, dated December 19, 2013, revealed mild to moderate bilateral foraminal narrowing from C5-C6 and C6-C7 levels. However, clinical manifestations do not provide sufficient evidence of a focal neurologic deficit. Therefore, the request is not medically necessary.

**Nerve Conduction Velocity (NCV) Studies of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238; table 10-6.

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

**Decision rationale:** The California MTUS Guidelines do not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The ODG states that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain radiating to gluteal areas, associated with numbness and tingling sensation at the right leg. Physical examination showed positive straight leg raise test on the right. Kemp's sign and Scheppelman's test were positive bilaterally. Reflexes and sensory exam were normal. An MRI of the lumbar spine from December 19, 2013 revealed mild bilateral foraminal narrowing at L4-L5 level. Clinical manifestations at the right leg indicate radiculopathy; hence, NCV testing is not appropriate. Moreover, the present request as submitted also included testing of the contralateral leg. However, there were no subjective complaints or significant PE findings of the left lower extremity. Therefore, the request is not medically necessary.

**Nerve Conduction Velocity Studies (NCV) of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238; table 10-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The ACOEM Practice Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in cases that are more difficult, an electromyogram may be helpful. Moreover, Official Disability Guidelines state that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient complained of intermittent neck pain radiating to the left arm, accompanied by burning sensation. Physical examination showed positive bilateral foraminal compression, cervical distraction, and shoulder depression tests. Motor, sensory, and reflexes were normal. MRI of the cervical spine, dated December 19, 2013, revealed mild to moderate bilateral foraminal narrowing from C5-C6 and C6-C7 levels. Clinical manifestations do not strongly indicate focal neurologic deficit at the left upper extremity; however, the present request as submitted also included testing of contralateral arm. There were no subjective complaints concerning the right upper extremity. Therefore, the request is not medically necessary.

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 132-139.

**Decision rationale:** According to the ACOEM Practice Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, patient last worked on August 2013. He has a status of temporary total disability. However, there is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. There is no clear indication for this request. Therefore, the request is not medically necessary.