

Case Number:	CM14-0137094		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2012
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 09/27/2012. The injured worker's treatment history included epidural steroid injections, medications, physical therapy, MRI studies, and acupuncture sessions. Within the documentation submitted, the injured worker had a urine drug screen on 04/20/2014 that was positive for tramadol. The injured worker was evaluated on 06/16/2014 and it was documented the injured worker complained of neck pain that was rated 6/10, low back pain that was rated 6/10 to 7/10, and left elbow pain that was rated 6/10. He also complained of increased numbness and tingling in the upper extremities. The injured worker had an MRI of the lumbar spine on 02/21/2014 that revealed an L4-5 disc bulge with facet hypertrophy causing mild left lateral recess stenosis and mild left neural foraminal stenosis. The physical examination findings included elevated blood pressure, bilateral paracervical and upper trapezius tenderness, bilateral paracervical muscle spasm, decreased cervical range of motion, a positive bilateral shoulder depressor test, bilateral paralumbar muscle tenderness, bilateral subacromial region tenderness, decreased right shoulder range of motion with pain, decreased left shoulder range of motion, positive impingement at the right shoulder, a positive empty can supraspinatus test at the right shoulder, extensor carpi radialis spasm, normal bilateral elbow range of motion, decreased bilateral upper extremities motor strength, hypersensitivity over the right C5-T1 dermatomal distribution, decreased bilateral lower extremity reflexes, decreased bilateral lower extremities motor strength, and hypersensitivity over the left L5 and S1 dermatomal distribution. The diagnoses included cervical spine sprain/strain, cervical disc syndrome, left cubital tunnel syndrome, L5-S1 disc bulge, left elbow sprain/strain, cervical radiculopathy, lumbar radiculitis, gastroesophageal reflux disease, insomnia secondary to orthopedic complaints, and mild spasms. The current medication regimen consisted of tramadol, Flexeril, omeprazole, and topical creams. The injured worker noted 40%

improvement with the medications. The Request for Authorization dated 06/16/2014 was for an electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral upper and lower extremities and for a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

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. Nerve Conduction Velocity.

Decision rationale: The request for 1 EMG/NCS of the bilateral lower extremities is not medically necessary. CA MTUS/ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mention of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 06/16/2014 indicating nerve root dysfunction. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mention of a home exercise regimen or prior physical therapy outcome. Given the above, the request for EMG/NCS of the bilateral lower extremities is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page(s): 43.

Decision rationale: The requested 1 urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens for patients who are at risk for aberrant behavior and are taking opioids for chronic pain. The clinical documentation submitted for review does indicate that the injured worker is taking opioids to assist with chronic pain management. However, the clinical documentation submitted for review indicates that the injured worker was submitted to a urine drug screen on 04 /20/2014. The clinical documentation fails to provide any evidence of aberrant behavior since that urine drug screen to support an additional urine drug screen. Official Disability Guidelines recommend testing on a yearly basis for injured workers who are at low risk for aberrant behavior. As such, the requested urine drug screen quantity 1 is not medically necessary or appropriate.