

Case Number:	CM14-0152206		
Date Assigned:	09/19/2014	Date of Injury:	04/08/2011
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/13/2014

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 46 year old female who was injured on 04/08/2011. The mechanism of injury is unknown. The patient underwent a lumbar microdiscectomy in 2005 and alumar fusion in 2008. Prior treatment history has included lumbar epidural steroid injection on 03/01/2012 which good improvement providing a decrease in her pain level. Prior medication history included Norco, Soma, and Xanax. Diagnostic studies reviewed include electromyography (EMG)/nerve conduction velocity (NCV) of the right upper extremity which revealed right S1 radiculopathy. Progress report dated 07/25/2014 states the patient presented with complaints of severe low back pain and right lower extremity pain. She reported neck pain located in the midline of the cervical spine radiating along the right medial border of the scapula. She noted her activities of daily living were limited secondary to the pain. She continued to report right arm pain with swelling and numbness. On exam, she had normal sensation of the bilateral upper extremities and reduced sensation of the lower extremities on the right along the anterior and lateral right thigh. The lumbar spine revealed flexion to 70 degrees; extension to 5 degrees; left lateral flexion to 15 degrees; right lateral flexion to 15 degrees; left lateral rotation to 5 degrees and right lateral rotation to 5 degrees. Cervical range of motion revealed flexion to 60 degrees; extension to 40 degrees; lateral flexion to 10 degrees bilaterally; left lateral rotation to 70 degrees and right lateral rotation to 80 degrees. Straight leg raise is positive on the right at 45 degrees and negative on the left. The patient is diagnosed with degenerative disk disease of the lumbar spine and neck pain. The patient was recommended for an interventional procedure (spinal cord stimulator and lumbar epidural steroid injection); EMG/NCV of bilateral upper extremities and home assistant as the patient cannot bend at the waist without severe pain which makes it difficult for her to perform daily household chores. Prior utilization review dated 08/14/2014 states the request for Home assistance, 4 hoursper day for three days per week; EMG of the right

upper extremity; EMG of the left upper extremity; NCV of the left upper extremity; and NCV of the right upper extremity; Psyche Consultation for the Spinal Cord Stimulation (SCS) trial is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance, 4 hours per day for three days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home health services are, "recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case a request is made for home assistance for 4 hours per day, 3 days per week for "assistance for household work" for a 46-year-old female with chronic pain. However, the patient is not homebound and does not require medical treatment in the home. Further, home health services are not recommended for homemaker services. Medical necessity is not established.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS 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, Electromyography

Decision rationale: According to ODG guidelines electromyography is "recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms." In this case bilateral upper extremity electrodiagnostic studies are requested for a 46-year-old female with complaints of neck pain "that radiates along the medial right border of the scapula." There is also a complaint of left elbow pain and

numbness. The request is made specifically for "numbness, swelling and pain in the right upper extremity." However, the patient does not appear to have pain or numbness in a dermatomal distribution in either upper extremity. There is no neck or upper extremity findings of radiculopathy in a 7/25/14 clinic note. Upper extremity neurologic examination is normal. Medical necessity is not established.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS 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; Electromyography

Decision rationale: According to ODG guidelines, electromyography is "recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms." In this case bilateral upper extremity electrodiagnostic studies are requested for a 46-year-old female with complaints of neck pain "that radiates along the medial right border of the scapula." There is also a complaint of left elbow pain and numbness. The request is made specifically for "numbness, swelling and pain in the right upper extremity." However, the patient does not appear to have pain or numbness in a dermatomal distribution in either upper extremity. There is no neck or upper extremity findings of radiculopathy in a 7/25/14 clinic note. Upper extremity neurologic examination is normal. Medical necessity is not established.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS 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, Nerve conduction studies

Decision rationale: According to ODG guidelines, nerve conduction studies are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic

processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy."In this case bilateral upper extremity electrodiagnostic studies are requested for a 46-year-old female with complaints of neck pain "that radiates along the medial right border of the scapula." There is also a complaint of left elbow pain and numbness. The request is made specifically for "numbness, swelling and pain in the right upper extremity." However, the patient does not appear to have pain or numbness in a dermatomal distribution in either upper extremity. There is no neck or upper extremity findings of radiculopathy in a 7/25/14 clinic note. Upper extremity neurologic examination is normal. Medical necessity is not established.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS 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, Nerve conduction studies

Decision rationale: According to ODG guidelines, nerve conduction studies are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy."In this case bilateral upper extremity electrodiagnostic studies are requested for a 46-year-old female with complaints of neck pain "that radiates along the medial right border of the scapula." There is also a complaint of left elbow pain and numbness. The request is made specifically for "numbness, swelling and pain in the right upper extremity." However, the patient does not appear to have pain or numbness in a dermatomal distribution in either upper extremity. There is no neck or upper extremity findings of radiculopathy in a 7/25/14 clinic note. Upper extremity neurologic examination is normal. Medical necessity is not established.

Pysche Consultation for the Spinal Cord Stimulation (SCS) trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations page 503 and the Official Disability Guidelines (ODG); Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators)

Decision rationale: According to MTUS guidelines, consultations are recommended for complex cases where patient care may benefit from additional expertise. According to ODG guidelines, psychological screening is recommended prior to spinal cord stimulator implantation. However, according to medical records psyche consultation for a spinal cord stimulator was already approved and performed on 5/9/13. Further, request for a spinal cord stimulator trial was previously denied by utilization review on 5/23/13. Finally, a lumbar epidural steroid injection is concurrently being requested. Medical necessity is not established.