MAXIMUS Federal Services

Case Number:	CM14-0170454		
Date Assigned:	10/20/2014	Date of Injury:	08/01/2014
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old male with date of injury of 08/01/2013. The listed diagnoses per [redacted] from 08/21/2014 are:1. Headaches.2. Cervicalgia.3. Rule out cervical disk displacement.4. Radiculopathy, cervical region.5. Pain in the thoracic spine.6. Rule out thoracic disk displacement.7. Low back pain.8. Lumbar disk displacement.9. Radiculopathy of the lumbar region.10. Sprain of unspecified site of the bilateral knees.11. Rule out internal derangement of the bilateral knees.12. Sprain of unspecified ligament of the ankle, bilateral.13. Rule out joint derangement of the bilateral knees.14. Sexual dysfunction.15. Mood disorders.16. Anxiety.17. Stress.18. Sleep disorder.According to this report, the patient complains of headaches, neck, mid back, low back, bilateral knee, and bilateral ankle pain. He describes his neck and mid-back pain as constant moderate to severe. It is radiating to the bilateral lower extremities with associated numbness and tingling. He also reports frustration due to his injury, and he is currently experiencing stress, anxiety, insomnia, and depression brought about by his chronic pain, physical limitations, inability to work, and uncertain future. The examination shows the patient is well developed well nourished, in no acute distress. The patient has an anterior head carriage with a right lateral head tilt. There are well-healed surgical incisions anteriorly at the neck consistent with prior surgery. There is tenderness to palpation at the suboccipital region, trapezius muscles, and over the sternocleidomastoid muscles. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Myotomes C5, C6, C7, C8, and T1 are decreased secondary to pain in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. There is palpable tenderness noted over the spinous process at T1-T6. Bilateral thoracic paraspinal muscle guarding was also noted. The patient was able to heel-

toe walk; however, he has low back pain. He is able to squat to approximately 5% of normal due to pain in the low back. There is tenderness to palpation at the spinous process at L2-L5 with bilateral lumbar paraspinal muscle guarding. Straight leg raise is positive at 65 bilaterally. There is +2 tenderness to palpations over the medial and lateral joint line of the bilateral knees. Slightly decreased sensation to pinprick and light touch at L5 and S1 dermatomes bilaterally. L2, L3, L4, L5, and S5 myotomes are decreased at the bilateral lower extremities secondary to pain. DTRs are 2+ and symmetric in the bilateral lower extremities. The utilization review determined the request not medically necessary on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the upper extremties: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Forearm, Wrist and Hand chapter under Electrodiagnostic studies (EDS)/ NCV

Decision rationale: This patient presents with neck, mid back, low back, bilateral knee, and bilateral ankle pain. The physician is requesting an NCV/EMG of the upper extremities. The ACOEM guidelines, page 262, states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS is negative, a test may be repeated later in the course of treatment if symptoms persist." ODG on electrodiagnostic studies (EDS) states that it is recommended as an option after a close fracture of the distal radius and ulna if necessary to access nerve injury. The ODG further states, "Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)."The records do not show any EMG/NCV of the upper extremities. The 08/21/2014 reports notes burning radicular neck pain with reports of associated numbness and tingling in the bilateral upper extremities. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral extremities. Myotomes C5, C6, C7, C8, and T1 are also decreased secondary to pain in the bilateral upper extremities. Kemp's test is positive bilaterally. In this case, the patient has radicular symptoms for which EMG/NCV studies are indicated. It does not appear that the patient has had prior EMG/NCV studies. The request is therefore considered medically necessary.

NCV/EMG of the lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Low Back Chapter on EMG and NCV

Decision rationale: This patient presents with neck, mid back, low back, bilateral knee, and bilateral ankle pain. The physician is requesting an NCV/EMG of the lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous NCV/EMG of the lower extremities. The 08/21/2014 report notes radiating bilateral lower extremity pain with associated numbness and tingling. Straight leg raise is positive at 65 degrees bilaterally. Range of motion is diminished in the lumbar spine. Slightly decreased sensation to pin prick and light touch at L5 and S1 dermatomes bilaterally. L2, L3, L4, L5, and S1 myotomes are decreased at the bilateral lower extremities secondary to pain. McMurray's and Lachman's test is positive bilaterally. In this case, given the patient's symptoms and physical examination, the request for an NCV/EMG of the lower extremities is reasonable to rule out other pathology. Given that the patient has not had any previous EMG/NCV, the request is reasonable. This request is medically necessary.

1 TENS UNIT for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with neck, mid back, low back, bilateral knee, and bilateral ankle pain. The physician is requesting a TENS unit for home use. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has trialed a TENS unit. In this case, MTUS requires a trial of TENS unit to determine its efficacy in terms of functional improvement and pain reduction before a purchase can be made. This request is not medically necessary.

1 TENS unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with neck, mid back, low back, bilateral knee, and bilateral ankle pain. The physician is requesting a TENS unit supplies. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has trialed a TENS unit in the past. The reports from 04/21/2014 to 08/21/2014 do not show how the patient is using the TENS unit, how often and with what results. In this case, MTUS requires a trial of a TENS unit to determine its efficacy in terms of functional improvement and pain reduction. The request is not medically necessary.

18 chiropractic manipulation sessions for the cervical spine, lumbar spine, bilateral knees and bilateral ankles: Upheld

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

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

Decision rationale: This patient presents with neck, mid back, low back, bilateral knee, and bilateral ankle pain. The physician is requesting 18 chiropractic treatment sessions for the cervical spine, lumbar spine, bilateral knees, and bilateral ankles. The MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. It appears that the patient has not tried chiropractic treatments in the past. While a trial of chiropractic therapy is reasonable, the requested 18 sessions exceeds MTUS recommended 6 initial 6 visits. In addition, MTUS Guidelines does not support manual therapy and manipulation for the ankle, foot, and knee. The request is not medically necessary.