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| **Case Number:** | CM14-0175422 | | |
| **Date Assigned:** | 10/28/2014 | **Date of Injury:** | 06/27/2014 |
| **Decision Date:** | 12/11/2014 | **UR Denial Date:** | 10/08/2014 |
| **Priority:** | Standard | **Application Received:** | 10/23/2014 |

## 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 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:

Patient is a 31-year-old female who has submitted a claim for cervical sprain/strain, lumbar sprain/strain, bilateral lateral epicondylitis, bilateral wrist sprain/strain, carpal tunnel syndrome, foot sprain/strain, lumbar radiculitis, tension headache, degenerative changes of the cervical spine, insomnia, and stress associated with an industrial injury date of 6/27/2014.Medical records from 2014 were reviewed. The patient complained of constant neck/ upper back pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Aggravating factors included cold weather and repetitive hand activity. Patient also experienced intermittent low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Patient was unable to perform prolonged standing, driving, and walking. Physical examination of the cervical spine showed tenderness, muscle spasm, restricted motion, negative compression test, negative Spurling's test, and negative distraction test. Motor strength of paracervical and paralumbar muscles was graded 2+/5. Reflexes and sensory exam of the upper and lower extremities were intact. Examination of the lumbar spine showed tenderness, muscle spasm, restricted motion, positive sitting root and straight leg raise test bilaterally. MRI of the lumbar spine, dated 10/4/2014, showed unremarkable results. MRI of the cervical spine, dated 10/4/2014, show disc desiccation at C5 to C6 and multi-level disc herniation measuring 2.0-mm causing stenosis of the spinal canal. Treatment to date has included physiotherapy, acupuncture, chiropractic care, and medications. Utilization review from 10/8/2014 modified the request for Chiropractic treatment with physiotherapy for 2x6 weeks of the cervical spine into 2 x 3 weeks to meet guideline recommendation for a trial basis; denied acupuncture 2 x 6 weeks for the cervical spine because the request for chiropractic care had already been approved; denied range of motion and muscle testing because the guidelines did not support computerized measurement due to less variability; denied EMG/NCV of the upper extremities because there was no clear

evidence of radiculopathy to warrant such; and denied EMG/NCV of the lower extremities because there was no specific deficit on examination to support electrodiagnostic testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with physiotherapy for 2x6 weeks of the cerivical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding: manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of CA MTUS 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, the patient complained of constant neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Patient completed a course of chiropractic care. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from therapy. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant an additional course of treatment. Therefore, the request for Chiropractic treatment with physiotherapy for 2x6 weeks of the cervical spine was not medically necessary.

**Acupuncture 2x6 weeks for the cervica spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complained of constant neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Patient completed a course of acupuncture. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from therapy. Moreover, there were no recent reports of acute exacerbation or progression of

symptoms that would warrant additional course of treatment. Therefore, the request for Acupuncture 2x6 weeks for the cervical spine was not medically necessary.

**Range of motion and muscle testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Flexibility

**Decision rationale:** The CA MTUS does not address this topic 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, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for range of motion (ROM) and muscle testing is not medically necessary.

**EMG of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG-TWC - Neck & Upper Back Procedire Summary last updated 08/04/2014 regarding minimum Standards for eletrodiagnostic studies

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

**Decision rationale:** CA MTUS ACOEM 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, the patient complained of constant neck / upper back pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Aggravating factors included cold weather and repetitive hand activity. Physical examination of the cervical spine showed tenderness, muscle spasm, restricted motion, negative compression test, negative Spurling test, and negative distraction test. Motor strength of paracervical muscles was graded 2+/5. Reflexes and sensory exam of the upper extremities were intact. MRI of the cervical spine, dated 10/4/2014, show disc desiccation at C5 to C6 and multi-level disc herniation measuring 2.0-mm causing minimal stenosis of the spinal canal. However, there was no focal neurologic deficit present to warrant EMG testing. There was likewise no discussion how EMG can affect treatment plan when MRI findings were readily available. Therefore, the request for EMG of the bilateral upper extremities was not medically necessary.

**NCV of the bilater upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG-TWC - Neck & Upper Back Procedire Summary last updated 08/04/2014 regarding minimum Standards for eletrodiagnostic studies regarding: nerve conduction studies

**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. Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** CA MTUS ACOEM 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 more difficult cases, electromyography may be helpful. Moreover, ODG states 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. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of constant neck / upper back pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. Aggravating factors included cold weather and repetitive hand activity. Physical examination of the cervical spine showed tenderness, muscle spasm, restricted motion, negative compression test, negative Spurling test, and negative distraction test. Motor strength of paracervical muscles was graded 2+/5. Reflexes and sensory exam of the upper extremities were intact. MRI of the cervical spine, dated 10/4/2014, show disc desiccation at C5 to C6 and multi-level disc herniation measuring 2.0-mm causing minimal stenosis of the spinal canal. Patient presented with clear symptoms of neuropathy; hence, NCV testing may be a reasonable diagnostic option. Guideline criteria were met. Therefore, the request for NCV of the bilateral upper extremities was medically necessary.

**EMG of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC - Neck & Upper Back Procedire Summary last updated 08/22/2014 regarding minimum Standards for eletrodiagnostic studies

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

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the 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 experienced intermittent low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Patient was unable to perform prolonged standing, driving, and walking. Examination of the lumbar spine showed tenderness, muscle spasm, restricted motion, positive sitting root and straight leg raise test bilaterally. Reflexes and sensory exam of the upper and lower extremities were intact. MRI of the lumbar spine, dated 10/4/2014, showed unremarkable results. EMG testing may be reasonable given that patient presented with subtle focal neurologic deficit. Guideline criteria were met. Therefore, the request for electromyography (EMG) of the bilateral lower extremities was medically necessary.

**NCV of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC - Neck & Upper Back Procedire Summary last updated 08/22/2014 regarding minimum Standards for eletrodiagnostic studies : regarding nerve conduction studies

**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) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

**Decision rationale:** The CA MTUS does 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 Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient experienced intermittent low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Patient was unable to perform prolonged standing, driving, and walking. Examination of the lumbar spine showed tenderness, muscle spasm, restricted motion, positive sitting root and straight leg raise test bilaterally. Reflexes and sensory exam of the upper and lower extremities were intact. MRI of the lumbar spine, dated 10/4/2014, showed unremarkable results. Patient presented with subtle focal neurologic deficit; however, the unremarkable MRI results did not necessarily rule out presence of neuropathy. NCV testing may be a reasonable diagnostic option at this time. Therefore, the request for NCV of the bilateral lower extremities was medically necessary.