

Case Number:	CM14-0175498		
Date Assigned:	10/28/2014	Date of Injury:	01/13/2013
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man who sustained a work-related injury on April 15 2014. Subsequently, the patient developed a chronic neck and back pain. According to a progress report dated on September 29 2014, the patient was complaining of neck pain radiating to both upper extremities, occipital headaches, lower back pain radiating to both lower extremities and difficulty with sleeping. The pain severity was rated 9/10 without medications and 2/10 with medications. The patient physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with cervical radiculopathy and lumbar facet arthropathy. The provider requested authorization for upper extremity EMG/NCV and biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Sessions (Right Elbow): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Biofeedback Page(s): 24.

Decision rationale: According to MTUS guidelines, biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. There is no documentation that the requested biofeedback session is a part of CBT program or is a facilitator to enter a CBT program. Therefore, the request for Biofeedback Sessions (Right Elbow) is not medically necessary.

EMG/NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Electromyography (EMG) and Nerve Conduction Velocities (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The patient developed neck and upper extremities pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for EMG/NCS Right Upper Extremity is not medically necessary until more information is provided.