

Case Number:	CM14-0032833		
Date Assigned:	06/20/2014	Date of Injury:	01/26/2013
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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 and is licensed to practice in Texas. 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 33-year-old who was injured on January 26, 2013. The mechanism of injury is unknown. Prior treatment history has included physical therapy which helped to improve symptoms. Diagnostic studies reviewed include MRI of the cervical spine dated December 30, 2013 revealed C4-C5 disc dehiscence of the nucleus pulposus with a 1.5 mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. The neural foramina appear patent. Normal articular facets and normal cervical cord. C5-C6 level shows dehiscence of the nucleus pulposus with a 2 mm central disc protrusion indenting the anterior portion of the cervical subarachnoid space. The neural foramina appear patent. Normal articular facets and normal cervical cord. Progress report dated February 12, 2013 reports the patient complained of pain rated as 6-7/10. The patient stated physical therapy helped to improve her symptoms. She stated her medications only help for a short time. Objective findings on exam revealed neck tenderness. Finkelstein's test is negative. The abdomen was tender to palpation. There was tenderness over the paraspinal area bilaterally to palpation. Straight leg raise is positive bilaterally. Diagnoses are unspecified musculoskeletal disorders to the neck, abdominal pain, anxiety, cervical neuritis/radiculopathy, lumbago, thoracic and lumbosacral neuritis/radiculitis and acute gastritis. Prior utilization review dated February 18, 2014 states the requests for Physical Therapy two times per week for eight weeks in treatment of the Neck, Upper Back, and Lower back, MRI of Cervical Spine, for Electromyogram (EMG) of bilateral lower and upper extremities, Nerve Conduction Study (NCS) of bilateral lower and upper extremities, Small Pain Fiber Nerve Conduction Studies (SPF NCS) of the cervical spine, thoracic spine, lumbar spine, upper extremities are denied as there is no clear documentation of musculoskeletal deficits that can not be addressed with an independent home exercise program; therefore all requests are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, upper back, and lower back, twice weekly for eight weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Physical therapy (PT) allows for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. The medical records indicate that the patient has received prior course of physical therapy after the date of injury, as addressed by the Dr first report dated December 17, 2013. The same report documents that the patient's pain failed to respond to the conservative treatment. On the other hand, the guide lines indicate eight to ten visits of physical therapy over four weeks according to patient's diagnoses documented in the available medical records. Furthermore, the medical records do not document neither the number of physical therapy sessions the patient has had, nor detailed pain or functional improvement to justify the need for more than the recommended number of physical therapy visits. The request for physical therapy for the neck, upper back, and lower back, twice weekly for eight weeks, is not medically necessary or appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter / Magnetic resonance imaging (MRI).

Decision rationale: According to the ODG guidelines, MRI for the cervical spine is not recommended except for the following indications; 1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present 2) Neck pain with radiculopathy if severe or progressive neurologic deficit. 3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. 4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. 5) Chronic neck pain, radiographs show bone or disc margin destruction. 6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT normal. 7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. 8) Upper back/thoracic spine trauma with neurological deficit. The primary initial consultation report dated December 17, 2013 documents that the patient underwent radiographic examination a week after the date of

injury, with no documentation regarding the radiographic findings. The same report addresses MRI was performed to the patient's back in March 2013, but no documentation as well. The available medical records do not refer to any new cervical event or trauma since then to justify the need for a cervical MRI. Therefore, the request for an MRI of the cervical spine is not medically necessary or appropriate.

Electromyogram (EMG) of the bilateral lower and upper extremities: Upheld

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

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 & Neck chapters / EMG.

Decision rationale: According to the ODG guidelines, Electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. EMG is indicated when particularly helpful; EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The available medical records do not document any subjective complaints or objective findings to address radiculopathy to the upper limbs rather than undetailed numbness mentioned on the PR2 dated February 12, 2014. Examination of the bilateral upper extremities reveals normal findings as addressed by the records. Furthermore, there is no evidence to indicate the presence of neuropathy secondary to metabolic pathology. Therefore, the request for an EMG of the bilateral lower and upper extremities is not medically necessary or appropriate.

Nerve Conduction Study (NCS) of the bilateral lower and upper extremities: Upheld

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

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 / NCS.

Decision rationale: According to the ODG guidelines, Nerve conduction study (NCS) of lower extremities is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, the request for an NCS of the bilateral lower and upper extremities is not medically necessary or appropriate.

Small Pain Fiber Nerve Conduction Studies (SPF NCS) of the cervical spine, thoracic spine, lumbar spine, and upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Diagnosis and Treatment of Pain in Small Fiber Neuropathy, by: Alexandra Hovaguimian and Christopher H. Gibbons
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3086960/>.

Decision rationale: The issue of dispute is not addressed in CA MTUS or ODG guidelines. The treating physician expects A-delta fibers conduction pathology. A study published in June 2012 defines small fibers neuropathy as; A small fiber neuropathy occurs when damage to the peripheral nerves predominantly or entirely affects the small myelinated (A) fibers or unmyelinated C fibers. The specific fiber types involved in this process include both small somatic and autonomic fibers. The sensory functions of these fibers include thermal perception and nociception. These fibers also are involved in a number of autonomic and enteric functions. In order to support the existence of small fiber neuropathy, the same study states; Small nerve fiber neuropathies also may result in autonomic and enteric dysfunction. Patients often do not identify the relationship of these symptoms to their sensory complaints; however, when asked, they may report dry eyes, dry mouth, postural lightheadedness, presyncope, syncope, abnormal sweating, erectile dysfunction, nausea, vomiting, diarrhea, constipation, early satiety, difficulty with urinary frequency, nocturia, and/or voiding. The available medical records do not address autonomic or enteric malfunction to support the diagnosis of small fiber neuropathy. On the other hand, the medical necessity of the NCS of upper and lower extremities has not been established. Furthermore, there is no indication regarding how the patient is going to benefit the procedure. The request for Small Pain Fiber Nerve Conduction Studies (SPF NCS) of the cervical spine, thoracic spine, lumbar spine, and upper extremities, is not medically necessary or appropriate.