

Case Number:	CM14-0032905		
Date Assigned:	06/20/2014	Date of Injury:	06/12/2012
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/12/12. A utilization review determination dated 2/14/14 recommends non-certification of cervical facet injection. Therapy was modified from 12 sessions to 6 and EMG/NCV of the neck and upper extremities was modified to EMG/NCS of the upper extremities. A 4/24/14 medical report identifies pain in the right trapezial area with burning pain radiating to the right arm with numbness and weakness. On exam, there is 4/5 strength in the right biceps and triceps and diminished sensation in the right radial forearm and hand. X-rays show displacement of the disk arthroplasty device with instability at C5-6. EMG/NCV 2/27/14 was said to demonstrate worsened right thoracic outlet syndrome compared to the prior study in 2013 without denervation. PT was said to have exacerbated her condition, and later it was noted to improve it. C6-7 ESI provided greater than 50% improvement and improved ROM for over 3 months, and it was easier for her to work and drive. Facet injection at C5-6 was requested to confirm that the disk arthroplasty device had shifted. Surgical revision with removal of the arthroplasty device and conversion to decompression and fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAND THERAPY 12 SESSIONS: Upheld

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

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

Decision rationale: California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is conflicting information regarding its efficacy, as the same report notes that PT exacerbated her condition and later it notes that PT improved it. Furthermore, the provider is noted to be recommending surgery and there is no clear rationale for additional therapy with pending surgery. Finally, the California MTUS supports only up to 10 PT sessions for this injury and there is no provision for modification of the current request. In light of the above issues, the currently requested land therapy is not medically necessary.

ELECTROMYOGRAPHY (EMG) FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it is noted that the prior utilization review modified the request from EMG/NCV of the neck and bilateral upper extremities to EMG/NCV of the bilateral upper extremities only. It appears that the electrodiagnostic testing was then performed a few days later. While the patient did have symptoms and findings suggestive of radiculopathy and/or thoracic outlet syndrome, there is no clear indication for the inclusion of the neck in the electrodiagnostic testing, as the upper extremity testing is what is required to rule in or rule out these conditions and there was no rationale presented for the inclusion of the neck in the proposed testing. In light of the above issues, the currently requested EMG/NCV of the neck is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, it is noted that the prior utilization review modified the request from EMG/NCV of the neck and bilateral upper extremities to EMG/NCV

of the bilateral upper extremities only. It appears that the electrodiagnostic testing was then performed a few days later. While the patient did have symptoms and findings suggestive of radiculopathy and/or thoracic outlet syndrome, there is no clear indication for the inclusion of the neck in the electrodiagnostic testing, as the upper extremity testing is what is required to rule in or rule out these conditions and there was no rationale presented for the inclusion of the neck in the proposed testing. In light of the above issues, the currently requested EMG/NCV of the neck is not medically necessary.

BILATERAL CERVICAL FACET INJECTION UNDER FLUOROSCOPY AT C5-6:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, Page 174; ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: The CA MTUS and ACOEM note that invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms, but that many pain physicians believe that they may help patients in the transitional phase between acute and chronic pain. ODG provides more specific criteria, noting that there is some support for their use when the clinical presentation is consistent with facet joint pain. Within the documentation available for review, the provider notes that the injections are requested to confirm that the disk arthroplasty device had shifted, but this is not a supported indication. Furthermore, he noted that x-rays showed displacement of the disk arthroplasty device with instability at C5-6 and a recommendation for surgery was made based on that information, so the need for additional diagnostic confirmation is not clearly identified. In the absence of clarity regarding these issues, the currently requested bilateral cervical facet injections under fluoroscopy at C5-6 are not medically necessary.