

<b>Case Number:</b>	CM14-0035224		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/23/2006
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 46 year old with an injury date on 11/23/06. Patient complains of aching, throbbing lumbar spine pain in a band-like fashion across the L4-L5 junction, with pain rated at 5/10 per 2/10/14 report. Patient does not complain of any weakness or paresthesias to either lower extremity, but has a throbbing cervical ache with associated weakness in the right upper extremity per 2/10/14 report. Based on the 3/11/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical radiculopathy 2. lumbar radiculopathy 3. s/p cervical fusion, including a posterior decompression and an anterior cervical disc fusion at levels C5-C74. s/p L5-S1 decompression, PLIF with hardware and PL fusion with hardware Exam on 2/10/14 showed "C-spine range of motion: normal but decreased by 10 degrees in right/left lateral bending, and by 20 degrees in left/right rotation. Tenderness to palpation of the paracervicals and greater occiput on right side only. Normal range of motion for bilateral elbows, but tenderness to palpation of right medial/lateral epicondyles and flexor/extensor tendon insertion. L-spine range of motion is 80% of normal. Straight leg raise is negative. Tender at greater trochanter. Normal range of motion of bilateral knees. Normal range of motion of ankles/feet. Patient reports subjectively decreased sensation at the distal right lower extremity that is equal to light stroking. Sensation is subjectively in the C5 dermatomal distribution of the right upper extremity." [REDACTED] is requesting electromyography of the right upper extremity, nerve conduction velocities of the right upper extremity, electromyography of left upper extremity, nerve conduction velocities of the left upper extremity, electromyography of left lower extremity, nerve conduction velocities of the left lower extremity, electromyography of right lower extremity, nerve conduction velocities of the right lower extremity, prescription of Tizanidine, prescription of Norco, and TENS unit rental for

1 month. The utilization review determination being challenged is dated 3/11/14 and rejects EMG right upper extremity, NCV right upper extremity, and EMG right lower extremity due to a lack of evidence of paresthesias/progressive neurologic deficit, and and rejects TENS unit rental as they have not been shown to be efficacious long-term. [REDACTED] is the requesting provider, and he provided treatment reports from 2/10/14to 7/7/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electromyogram (EMG) of the right upper extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for electromyography of the right upper extremity on 2/10/14. Review of the reports do not show any prior EMGs. Regarding electrodiagnostic studies, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the patient does have cervical pain with radiation and weakness into right upper extremity along C5 dermatome. Electrodiagnostic testing would be reasonable to differentiate if pain is cervical in origin. Recommendation is for authorization.

#### **Nerve Conduction Velocity (NCV) study of the right upper extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for nerve conduction velocities of the right upper extremity on 2/10/14. Review of the reports do not show any prior NCVs. Regarding NCV for the Neck and Upper Back, ACOEM states: 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. In this case, the patient does have cervical pain with radiation and weakness into right upper extremity along C5 dermatome. Electrodiagnostic testing would be reasonable to differentiate if pain is cervical in origin. Recommendation is for authorization.

**Electromyogram (EMG) of the left upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for electromyography of left upper extremity on 2/10/14. Review of the reports do not show any prior EMGs. Regarding electrodiagnostic studies, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the patient has radicular symptoms into the right upper extremity, but none to the left. Electrodiagnostic testing would not appear to be indicated for this type of condition per ACOEM guidelines. Recommendation is for denial.

**Nerve conduction velocity (NCV) study of the left upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for nerve conduction velocities of the left upper extremity on 2/10/14. Review of the reports do not show any prior NCVs. Regarding NCV for the Neck and Upper Back, ACOEM states: 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. In this case, the patient has radicular symptoms into the right upper extremity, but none to the left. Electrodiagnostic testing would not appear to be indicated for this type of condition per ACOEM guidelines. Recommendation is for denial.

**Electromyogram (EMG) of the left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Needle Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for electromyography of left lower extremity on 2/10/14. Review of the reports do not show any evidence of EMGs being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. In this case, the patient reports decreased sensation at the distal right lower extremity, but the left lower extremity showed a normal sensory exam, with no radicular symptoms. Requested electromyography of left lower extremity is not medically necessary for this patient's condition. Recommendation is for denial.

**Nerve conduction velocity (NCV) study of the left lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Needle Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for nerve conduction velocities of the left lower extremity on 2/10/14. Review of the reports do not show any evidence of NCVs being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is for denial.

**Prescription of Tizanidine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for prescription of Tizanidine on 2/10/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. MTUS further states that Zanaflex may be

indicated for low back pain, myofascial pain and fibromyalgia pain based on limited studies. Chronic use of Zanaflex may be indicated in this patient but the review of the reports do not show any medication efficacy. MTUS page 60 require documentation of function and pain reduction when medications are used for chronic pain. Recommendation is for denial.

**Prescription of Norco: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen) Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for prescription of Norco on 2/10/14. Patient had previously discontinued narcotics, but has resumed Norco and Soma recently as OTC Advil is not effective during flare-ups per 2/10/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of the opiate in discussion. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

**Transcutaneous electrical nerve stimulation (TENS) Unit rental for 1 month: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for TENS Page(s): 114-121,.

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for TENS unit rental for 1 month on 2/10/14. Review of the reports do not show any evidence of prior TENS unit usage. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the treater has asked for TENS unit rental for 1 month which seems reasonable and within MTUS guidelines. Recommendation is for authorization.

**Electromyogram (EMG) of right lower extremities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Needle Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for electromyography of right lower extremity on 2/10/14. Review of the reports do not show any evidence of EMGs being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. As patient reports subjectively decreased sensation at the distal right lower extremity, requested electromyography would appear reasonable to distinguish possible peripheral neuropathy. Recommendation is for authorization.

**Nerve conduction velocity (NCV) study of right lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version, Needle Electromyogram (EMG).

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

**Decision rationale:** This patient presents with neck pain, lower back pain, right arm weakness. The treater has asked for nerve conduction velocities of the right lower extremity on 2/10/14. Review of the reports do not show any evidence of NCVs being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is for denial.