MAXIMUS Federal Services

Case Number:	CM14-0035799		
Date Assigned:	06/23/2014	Date of Injury:	03/06/2010
Decision Date:	08/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nevada. 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 records presented for review indicate that this 59 year-old female was reportedly injured on 3/6/2010. The mechanism of injury is noted as a low back injury after reaching up with her right hand while washing dishes. The most recent progress note, dated 1/28/2014, indicates that there are ongoing complaints of low back pain, neck pain, and upper extremity pain/numbness/tingling. The physical examination demonstrated tenderness to cervical paracervical & trapezius muscles; negative Spurling's sign; positive axial head compression sign; decreased cervical spine active range of motion (AROM); tenderness to shoulders and right lateral elbow; decreased AROM and strength of right shoulder with positive Impingement sign; normal elbow/wrist AROM; negative Tinel & median nerve compression tests; tenderness to facets bilaterally; positive Yeoman's test; positive straight leg raise (SLR); decreased lumbar spine AROM; 5/5 motor strength in lower extremity; reflexes 2+ in upper/lower extremities; sensation intact to pinwheel in upper/lower extremites. MRI of the cervical spine dated 8/9/2013 demonstrated kyphosis at C5/6; disk protrusions with compression of the anterior thecal sac at C3-C4, C5-C6, & C6-C7; right foraminal narrowing at C5-C6. MRI of the lumbar spine dated 8/9/2013 demonstrated facet arthropathy at L4-L5, L5-S1. Previous treatment includes chiropractic treatment and Tramadol. A request had been made for lumbar facet rhizotomy, EMG of upper extremity, and NCV of upper extremity which were not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web 2012, Low Back, Facet Joint diagnostic Blocks (Injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet Joint Radiofrequency Neurotomy (updated 07/03/14).

Decision rationale: MTUS/ACOEM practice guidelines make no recommendation for or against the use of facet rhizotomy for patients with chronic back pain confirmed with diagnostic blocks, but without radiculopathy and who have failed conservative treatment. ODG require specific criteria be met for the use of a facet joint radiofrequency to include diagnosis of facet joint pain using medial branch block injection as well as evidence of a formal plan of additional evidence-based conservative care. In addition, no more than 2 joint-levels may be performed at one time and the procedure should not be repeated less than 6 months. Review of the available medical records, fails to document a diagnostic facet injection or block. As such, this request is not considered medically necessary.

EMG (electromyography) of the Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web 2012, Neck, Upper Back Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 8/9/2013. Given the lack of documentation to support an EMG, this request is not considered medically necessary.

NCV (nerve conduction velocity)of the Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web 2012, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent a MRI of the cervical spine on 8/9/2013. Given the lack of documentation to support NCV studies, this request is not considered medically necessary.