

Case Number:	CM14-0052519		
Date Assigned:	07/07/2014	Date of Injury:	07/03/2012
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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, 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 injured worker is a 67-year-old male with a reported date of injury on 07/03/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis and cervical facet joint hypertrophy, lumbar facet hypertrophy, spinal displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis or radiculitis and degeneration of lumbosacral intervertebral disc. Previous diagnostic studies include an MRI of the thoracic spine which was noted to reveal hemangioma noted at T6 vertebra. A lumbar spine MRI revealed annular tear at L4-5 and L5-S1 level, grade 1 retrolisthesis of L4 over S1 vertebrae. The cervical spine MRI revealed annular tear at C3-4, C4- 5, and C5-6 levels. The thoracic spine MRI revealed facet joint hypertrophy at T7-8, T8-9, T9- 10, T-10-11, and T11-12 levels. Previous treatment included lumbar spine support, activity modification, the use of a TENS unit, and lumbar Epidural Steroid Injections. The physical examination of the cervical spine, revealed moderate paraspinal tenderness bilaterally upon palpation. Cervical spine range of motion revealed flexion to 50 degrees, extension to 60 degrees, rotation to 75 degrees bilateral, and lateral tilt/flexion to 40 degrees bilaterally. The physical exam of the lumbar spine revealed paraspinal tenderness upon palpation bilaterally. Range of motion of the lumbar spine revealed flexion to 45 degrees, extension to 25 degrees, lateral bending to on the right to 25 degrees, on the left to 30 degrees. The injured worker's medication regimen included Lisinopril. The rationale for the request was not provided within the documentation available for review. The request

for authorization for Nerve Conduction Study, EMG of the upper and lower extremities, trigger point impedance imaging, Localized Intense Neurostimulation Therapy (LINT) x6 sessions, and acupuncture 2x4 was submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic Testing (EMG/NCS).

Decision rationale: The Official Disability Guidelines recommend needle EMG or NCS, depending on indications. Electromyography and nerve conduction studies are generally accepted, well-established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to co-exist with CRPS2 when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians. The Official Disability Guidelines do not recommend nerve conduction studies. EMG's are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The clinical information provided for review indicates the injured worker has had thoracic, lumbar, and cervical spine MRIs. In addition, the injured worker has undergone an EMG of the upper extremities and nerve conduction on 11/20/2013 which revealed motor nerve conduction studies of the median and ulnar nerves were normal bilaterally, including F-Wave latencies. There was no electrophysiological evidence of generalized peripheral neuropathy involving demyelinating motor or sensory nerve fibers of nerves in both upper extremities. The clinical documentation provided for review lacks documentation related to the injured worker's neurological deficits to include decreased reflexes, decreased strength, and decreased sensation. There was a lack of documentation related to signs of impingement. In addition, the clinical information indicates the injured worker previously had MRIs which showed specific pathology. In addition, the request as submitted failed to provide for whether it was for the upper or lower extremities. Therefore, the request for a Nerve Conduction Study is not medically necessary.

EMG of upper/lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. 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 Official Disability Guidelines (ODG) Pain, Electrodiagnostic Testing (EMG/NCS).

Decision rationale: The Official Disability Guidelines recommend needle EMG or NCS, depending on indications. Electromyography and nerve conduction studies are generally accepted, well-established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to co-exist with CRPS2 when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians. The Official Disability Guidelines low back and neck chapters state NCS is not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The clinical information provided for review indicates the injured worker has had thoracic, lumbar, and cervical spine MRIs. In addition, the injured worker has undergone an EMG/NCS of the upper extremities on 11/20/2013 which revealed motor nerve conduction studies of the median and ulnar nerves were normal bilaterally, including F-Wave latencies. There was no electrophysiological evidence of generalized peripheral neuropathy involving demyelinating motor or sensory nerve fibers of nerves in both upper extremities. The clinical documentation provided for review lacks documentation related to the injured worker's neurological deficits to include decreased reflexes, decreased strength, and decreased sensation. There was a lack of documentation related to signs of impingement. In addition, the clinical information indicates the injured worker has previously had MRIs which showed specific pathology. Therefore, the request for an EMG is not medically necessary.

Trigger Point Impedance Imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend Trigger Point Injections for myofascial pain syndrome, but is not recommended for radicular pain. The criteria for use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms have persistent for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain, radiculopathy is not present, not more than 3 to 4 injections per session. The clinical information provided for review lacks documentation of evidence upon palpation of a twitch response. In addition, the documentation does not indicate the amount of time the symptoms have been present. There was a lack of documentation related to stretching exercises or physical therapy, NSAIDs, and muscle relaxants having failed to control the pain. In addition, there was a lack of documentation utilizing the VAS pain scale. In addition, the request as submitted failed to provide for a specific site at which the trigger point injections were to be utilized. Therefore, the request for trigger point impedance imaging not medically necessary.

Localized intense neurostimulation therapy (LINT) x6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105.

Decision rationale: Neurostimulation Therapy is the same as Spinal Cord Stimulators. The California MTUS Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed or are contraindicated, after following a successful temporary trial. Although there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The clinical information provided for review lacks documentation related to the injured worker's medication regimen as well as previous conservative care. There was a lack of documentation that less invasive procedures have failed or are contraindicated. In addition, the request as submitted failed to provide for a specific site at which the neurostimulation was to be utilized. Therefore, the request for localized intense neurostimulation therapy (LINT) x6 sessions is not medically necessary.