

Case Number:	CM14-0063370		
Date Assigned:	07/11/2014	Date of Injury:	05/11/2012
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 51-year-old man who sustained a work-related injury on May 11, 2012. Subsequently, the patient developed chronic neck and back pain. The patient underwent neck surgery on December 2012. In February 2013, surgery was done for the back followed by physical therapy and pain medications. According to a progress report dated on February 21, 2014, the patient reported pain in the neck with a severity rated 4/10. The pain increased with activity and experienced tightness and stiffness. He also reported shoulder pain rated 6/10. The pain radiates down to both arms. The patient complains of mild pain in the upper and mid back rated 6-7/10. The patient also experienced some stiffness in the lower region of the back with difficulty changing body positions. There is abnormal gait pattern with limp in the right leg. Cervical spine examination revealed tenderness with limited range of motion and muscle spasm. There is decreased muscle strength on the left C4, and bilateral C5 to T1 myotome graded 4/5. Lumbar spine examination showed limited range of motion with muscle tightness and spasm, hypesthesia at the anterolateral aspect of foot, weakness in the big toe dorsiflexors and facet joint tenderness at L4 and L5 levels bilaterally, decreased sensation in the left L3, bilateral L4 to S1 dermatome and right S2 dermatome, and decreased muscle strength on bilateral foot invertor and foot plantarflexor graded 4/5. X-ray of the lumbar spine showed narrowing L5-S1, no fracture limited range of motion and laminectomy L5-S1. X-ray of right and left hip showed mild degenerative joint disease no fracture. MRI of the lumbar spine dated September 25, 2012 showed a right foraminal zone disc extrusion at L4-5 impinging the right nerve root. At L5-S1, there is a 4-5 mm broad-based posterior disc protrusion with bilateral neural foraminal narrowing. MRI of the cervical spine showed central disc protrusion at the C4-5 level superimposed on posterior disc bulge. The provider requested authorization for the following procedure and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to the bilateral lower extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain without clinical evidence and physical examination supporting the diagnosis of radiculopathy. There is no clear documentation of focal radicular damage in lower extremities. The patient was approved for an MRI of the lumbar spine which may help determining the medical necessity for the EMG. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

NCV of the bilateral lower extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain without clinical evidence and physical examination supporting the diagnosis of radiculopathy or nerve damage. There is no clear documentation of peripheral nerve damage in lower extremities. The patient was approved for an MRI of the lumbar spine which may help determining the medical necessity for the EMG. Therefore, the request for Nerve Conduction Velocity Studies Of The bilateral Lower Extremities is not medically necessary.

CT scan of the cervical spine.: 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): 182.

Decision rationale: According to MTUS guidelines, CT scan or MRI of the neck are recommended to validate preoperative discography diagnosis of nerve, root compromise, based on clear history, and physical examination findings, in preparation for invasive procedure. MTUS recommended CT of the cervical spine if there are red flags suggestive of cervical spine/roots damage. There is no clear rationale behind the request of CT scan of the cervical spine. MRI of the C spine is more sensitive than CT scan for the diagnosis of radiculopathy. There is no evidence that the patient is claustrophobic or has a pacemaker. Therefore, the request for CT Scan of Cervical Spine is not medically necessary.

TENS unit, rental or purchase.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (rental or purchase) is not medically necessary.

Lumbar spine brace.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient work related injury occurred on 2012 and there is no recent evidence of lumbar surgery. Therefore, the request to purchase lumbar brace is not medically necessary.