

Case Number:	CM14-0074038		
Date Assigned:	07/16/2014	Date of Injury:	07/21/2013
Decision Date:	09/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 39-year-old male who has submitted a claim for thoracic, lumbar sprain, left shoulder sprain, left groin pain, and coccygeal pain associated with an industrial injury date of 07/21/2013. Medical records from 09/16/2013 to 07/16/2014 were reviewed and showed that the patient complained of neck pain graded 6/10 with radiation to the left shoulder and low back pain with radiation to bilateral legs. Physical examination of the cervical spine revealed tenderness over spinous processes bilaterally and bilateral paracervical regions and trapezius area. Cervical ROM (range of motion) was normal with pain noted. Physical examination of the lumbar spine revealed lumbar spinous processes, bilateral sacroiliac joints, gluteal muscles, and bilateral paravertebral regions. SLR (straight leg raise) test was positive at 70 degrees bilaterally. Pelvic tilt and Patrick's tests were positive. MRI of the lumbar spine dated 11/21/2013 revealed L5-S1 disc bulge without evidence of canal stenosis or neural foraminal narrowing. X-ray of the lumbar spine dated 10/01/2013 revealed anterior spondylolysis L3-4 and L4-5. MRI of the left shoulder dated 11/21/2013 revealed acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinitis, and bicipital tenosynovitis. Treatment to date has included physical therapy, acupuncture, and pain medications. Utilization review dated 04/25/2014 denied the request for EMG/NCV bilateral upper and lower extremities because there was no clinical neurocompressive lesion or red flag indication. Utilization review dated 04/25/2014 denied the request for L5-S1 ESI because there was no documentation of any anatomic neurocompressive lesion via imaging or radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s) : 178,287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of neck pain radiating down the left shoulder. There was no documentation of hypesthesia, hyporeflexia, or weakness of bilateral upper extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for Electromyography (EMG) bilateral upper extremities is not medically necessary.

Electromyography (EMG) bilateral lower extremities: Upheld

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

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain with radiation down the bilateral lower extremities. Physical examination revealed positive SLR and Patrick's tests. There was no documentation of hypesthesia, hyporeflexia, or weakness of bilateral lower extremities. The patient's clinical manifestations were not consistent with a focal neurologic deficit to support EMG study. Therefore, the request for Electromyography (EMG) bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity Study (NCV) bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment

Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of neck pain radiating down the left shoulder. However, there was no documentation of objective findings that signify presence of neuropathy. The medical necessity cannot be established due to insufficient information. Therefore, the request for Nerve Conduction Velocity Study (NCV) bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) studies bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 287, 03.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of low back pain with radiation down the bilateral lower extremities. Physical examination revealed positive SLR and Patrick's tests. There was insufficient objective finding of neuropathy to warrant NCV. The medical necessity cannot be established due to lack of information. Therefore, the request for Nerve Conduction Velocity (NCV) studies bilateral lower extremities is not medically necessary.

L5-S1 Epidural Steroid Injection (ESIs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s) : 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of low back pain with radiation down the bilateral lower extremities. Physical examination revealed positive SLR and Patrick's tests. There was no documentation of hypesthesia, hyporeflexia, or weakness of bilateral lower extremities to corroborate presence of neurologic dysfunction. Moreover, MRI of the lumbar spine (11/21/2013) did not show evidence of neural compromise/impingement, or foraminal narrowing/stenosis. Improvement in ADLs and functional capacity were noted with acupuncture (02/27/2014). Therefore, the request for L5-S1 Epidural Steroid Injection (ESIs) is not medically necessary.