

Case Number:	CM14-0090249		
Date Assigned:	07/23/2014	Date of Injury:	10/27/1995
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family 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 56 year-old man who was injured at work on 10/27/1995. The injuries were primarily to his neck, shoulders and back. He is requesting review of denial for the following services: EMG, NCV, SSEP, a Polysomnogram, Multiple Sleep Latency Testing, and Referral for an Internist Evaluation. Medical records include the Primary and Secondary Treating Physician's Reports (PR-2s). These indicate that the patient has received ongoing care for his injuries. He has persistent pain in his cervical spine, shoulders, and upper extremities. Diagnoses include the following: Traumatic Cephalgia, Muscle Tension Headaches, C4-7 Radiculopathy, Status Post Discectomy, Unspecified Depressive Disorder and Temporomandibular Joint Syndrome. He has undergone two different EMG/NCV studies in the past; both indicating the presence of neuropathy. The patient also reports symptoms of insomnia. His score on the Epworth Sleepiness Scale was 5/24, which is a normal value.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Electro Diagnostic Testing.

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

Decision rationale: The MTUS/ACOEM Guidelines Chapter 8, page 178, address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. In this patient, it is clear that his symptoms are in part due to a neuropathy. This has been confirmed by two prior EMG/NCV studies. There is no documentation to support the rationale for a third EMG/NCV study. Given the two prior EMG/NCV studies that demonstrated the presence of a neuropathy and the absence of documentation to justify the need for a third EMG/NCV study, an EMG is not considered as medically necessary.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Electro Diagnostic Testing.

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

Decision rationale: The MTUS/ACOEM Guidelines Chapter 8, page 178, address the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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. In this patient, it is clear that his symptoms are in part due to a neuropathy. This has been confirmed by two prior EMG/NCV studies. There is no documentation to support the rationale for a third EMG/NCV study. Given the two prior EMG/NCV studies that demonstrated the presence of a neuropathy and the absence of documentation to justify the need for a third EMG/NCV study, the request for NCV is not medically necessary and appropriate.

SSEP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Electro Diagnostic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Evoked Potentials.

Decision rationale: The Official Disability Guidelines comment on the use of SSEPs for neck and upper back problems. They are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. SSEPs are not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. The medical records indicate that the patient has a well-defined radiculopathy as evidenced by the findings of two prior EMG/NCV studies. There is no evidence of an unexplained myelopathy to justify evoked potentials. Therefore, the request for SSEP is not medically necessary and appropriate.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Polysomnography.

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

Decision rationale: The Official Disability Guidelines comment on the use of sleep studies for patients with insomnia. A polysomnogram is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended / portable / in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Based on a review of the medical records, there is no evidence of a rationale to support the need for a polysomnogram. A psychiatric component to this patient's symptoms has not been excluded. Further, the patient's Epworth Sleepiness Scale score does not indicate the presence of a daytime sleep disorder. Therefore, the request for polysomnogram is not medically necessary and appropriate.

Multiple Sleep Latency Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Polysomnography.

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

Decision rationale: The same Official Disability Guidelines that are used to determine if a polysomnogram is medically necessary, apply to the use of a Multiple Sleep Latency Test. A polysomnogram is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) Unattended / portable / in home sleep studies are not recommended because there is a lack of scientific evidence supporting their effectiveness. Criteria for Polysomnography: In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Based on a review of the medical records, there is no evidence of a rationale to support the need for a Multiple Sleep Latency Test. A psychiatric component to this patient's symptoms has not been excluded. Further, the patient's Epworth Sleepiness Scale score does not indicate the presence of a daytime sleep disorder. Therefore, the request for multiple sleep latency test is not medically necessary and appropriate.

Internist Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Back.

Decision rationale: There are no guideline recommendations in the ACOEM, the Chronic Pain Medical Treatment Guidelines, or the Official Disability Guidelines on the specific request for an Internist Evaluation. The Official Disability Guidelines, Low Back Section, do provide the indications for office visits. These guidelines state that: Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Further, that the determination of necessity for an office visit requires individualized case review and assessment. In this case, the medical records indicate that the patient's symptoms specific to this request are focused on

the gastrointestinal (GI) tract (swallowing difficulties and stomach problems). Under these conditions, it would be standard practice to consider referral specifically to a gastroenterologist. The request for evaluation of the patient's GI symptoms is appropriate; however, a complete evaluation of these symptoms is best done by a gastroenterologist. The request for an Internist Evaluation is therefore considered as not medically necessary.

