

Case Number:	CM14-0107499		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2013
Decision Date:	03/04/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male with an injury date of 09/13/13. Based on the 06/25/14 progress report provided by treating physician, the patient complains of neck pain that radiates to the bilateral upper extremities to fingertips and low back pain. Physical examination to the cervical spine on 06/25/14 revealed tenderness to palpation to cervical paraspinals and trapezius bilaterally, mildly diminished ROM in all planes. Tenderness to palpation to shoulders, at bilateral rotator cuff insertion. Examination to the lumbar spine revealed tenderness to palpation to the thoracolumbar paraspinals, with moderately reduced ROM in all planes. Treater states patient would benefit from acupuncture of the cervical and lumbar spine in conjunction with previous physical therapy and home exercise plan. Per progress report dated 06/25/14, patient's medications include Flexeril, Advil and Flector Patch. Per progress report dated 5/14/14, treater is requesting MEDCS-4 Interferential Unit with garment, and EMG/NCV studies of the bilateral upper extremities, due to the patient's aching pain, numbness and tingling of fingertips. Patient is temporarily totally disabled. Diagnosis 06/25/14 Bilateral shoulder rotator cuff strain Cervical strain, spondylosis with radiculitis Thoracolumbar strain with myofascial pain Sacroiliac strain. The utilization review determination being challenged is dated 05/30/14. The rationale follows: 1) EMG/NCV STUDIES BILATERAL UPPER EXTREMITIES: "... the EMG/NCV is neither specific nor sensitive for diagnosis of cervical radiculopathy..." and "... there is no documentation of progressive neurological deficit to support this request..." 2) MED 4 INTERFERENTIAL UNIT WITH GARMENT FOR THE NECK, LOW BACK, BILATERAL UPPER EXTREMITIES: "... there is no evidence of demonstrated functional improvement from

prior use and no documentation of significant positive improvement to support use..."Treatment reports were provided from 11/04/13 - 06/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities to fingertips and low back pain. The request is for EMG STUDIES BILATERAL UPPER EXTREMITIES. Patient's diagnosis on 06/25/14 included cervical strain, spondylosis with radiculitis, and bilateral shoulder rotator cuff strain. Per progress report dated 06/25/14, patient's medications include Flexeril, Advil and Flector Patch. Treater states patient would benefit from acupuncture of the cervical and lumbar spine in conjunction with previous physical therapy and home exercise plan. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: 'Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.' UR letter dated 05/30/14 states "... the EMG is neither specific nor sensitive for diagnosis of cervical radiculopathy..." and "... there is no documentation of progressive neurological deficit to support this request..." Per progress report dated 5/14/14, treater requests EMG/NCV studies of the bilateral upper extremities, due to the patient's aching pain, numbness and tingling of fingertips. The patient has a diagnosis of cervical radiculopathy, and there is no documentation that patient has had prior EMG/NCV studies. The request appears to meet guideline criteria. Therefore, the EMG/NCV of the upper extremities IS medically necessary.

NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities to fingertips and low back pain. The request is for NCV STUDIES BILATERAL UPPER EXTREMITIES. Patient's diagnosis on 06/25/14 included cervical strain, spondylosis

with radiculitis, and bilateral shoulder rotator cuff strain. Per progress report dated 06/25/14, patient's medications include Flexeril, Advil and Flector Patch. Treater states patient would benefit from acupuncture of the cervical and lumbar spine in conjunction with previous physical therapy and home exercise plan. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: 'Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.' UR letter dated 05/30/14 states "... the NCV is neither specific nor sensitive for diagnosis of cervical radiculopathy..." and "... there is no documentation of progressive neurological deficit to support this request..." Per progress report dated 5/14/14, treater requests EMG/NCV studies of the bilateral upper extremities, due to the patient's aching pain, numbness and tingling of fingertips. The patient has a diagnosis of cervical radiculopathy, and there is no documentation that patient has had prior EMG/NCV studies. The request appears to meet guideline criteria. Therefore, the EMG/NCV of the upper extremities IS medically necessary.

MED 4 inferential unit with garment for the neck, low back and bilateral upper extremities: 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 Interferential Current Stimulation (ICS) Neuromuscular electrical stimulation (NMES devices) Pa.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities to fingertips and low back pain. The request is for MED 4 INTERFERENTIAL UNIT WITH GARMENT FOR THE NECK, LOW BACK, BILATERAL UPPER EXTREMITIES. Patient's diagnosis on 06/25/14 included cervical strain, spondylosis with radiculitis, and bilateral shoulder rotator cuff strain. Per progress report dated 06/25/14, patient's medications include Flexeril, Advil and Flector Patch. Treater states patient would benefit from acupuncture of the cervical and lumbar spine in conjunction with previous physical therapy and home exercise plan. Patient is temporarily totally disabled. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) MTUS Guidelines, page 121, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Neuromuscular electrical stimulation (NMES devices) states: "Neuromuscular electrical stimulation : Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no

evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)"Per progress report dated 5/14/14, treater is requesting MEDCS-4 Interferential Unit with garment, due to the patient's aching pain and numbness and tingling of fingertips. Treater has not discussed how the device will be used, and the request does not indicate whether unit is for rental or purchase. The reports show the requested treatment is not intended as an isolated intervention as physical therapy, acupuncture and home exercise program are mentioned in treatment plan. With regards to interferential unit, there is no evidence or discussion that pain is not effectively controlled due to unresponsiveness to conservative measures, substance abuse or pain due to postoperative conditions. Furthermore, there is no evidence to support use of NMES for chronic pain. The request does not meet guideline recommendations, therefore MED 4 INF unit with garment IS NOT medically necessary.