

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0067250 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 07/19/2011 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 53 year old female who sustained an industrial motor vehicle accident injury on 07-19-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervical disc degenerative, cervicobrachial syndrome and neuralgia, neuritis and radiculitis not otherwise specified. According to the treating physician's progress report on 03-03-2014, the injured worker continues to experience pain in the left shoulder, neck and back rated at 8 out of 10 on the pain scale. Examination demonstrated decreased and painful range of motion of the bilateral shoulder. Motor strength was noted as bilateral elbow flexion and bilateral grip at 3 out of 5 and paresthesias to light touch in the digits 1-3 bilaterally. Bilateral biceps, triceps and brachioradialis reflexes were documented as 3+ bilaterally. An official report of a cervical spine magnetic resonance imaging (MRI) performed on 01-17-2014 was included in the review. Prior treatments have included diagnostic testing, heat, ice, psychiatric evaluation and treatment and medications. Current medications were listed as Oxycodone, OxyContin, Gralise ER, Paroxetine and Xanax. Treatment plan consists of Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities and a 2nd opinion consultation. On 03-25-2014 the Utilization Review determined the requests for Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral upper extremities and a 2nd opinion consultation were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: CA/MTUS ACOEM Neck and Upper Back Chapter, page 178, states, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). The ODG neck section states the nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Studies have not shown portable nerve conduction devices to be effective. In this case, the worker is a 53 year old female who was injured in 2001. She underwent a cervical disc replacement at C4-5 on 3/19/13 but is left with residual symptoms which, according to the documentation, has failed an appropriate course of non-operative management. The most recent note available for review is from 3/31/14. The worker was complaining of severe pain and numbness tingling and weakness in her upper and lower extremities. Objective findings include bilateral elbow flexion weakness, and sensory abnormalities in her hands which do not fit a radicular pattern. Findings from previous EMG were documented in a note from 3/27/15 and suggested a myelopathic pattern. In this complex postoperative scenario, the cited guidelines do indicate that EMG studies may be helpful in distinguishing radiculopathy from other neuropathies. The request is supported by the cited guidelines and is medically necessary.

2nd Opinion Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Consultation pg 127; Official Disability Guidelines (Low Back Chapter) evaluation and management (E&M).

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.

Decision rationale: CA MTUS is silent on the subject of office visits. The ODG-TWC recommends follow-up as determined to be medically necessary. Evaluation and management (E&M) 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 upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Referral or consultation is appropriate when diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. In this case, based on the documentation submitted it is unclear what the requested second opinion is for. The notes provided indicate that there is no current surgical intervention indicated for her cervical or lumbar spine. She does have symptoms in her shoulders and knee but there is no documentation of surgical pathology or a failed course of conservative management for knee and shoulder complaints. The MRI of her left knee from 1/17/14 only demonstrates patellofemoral osteoarthritis. Based on the submitted documentation shoulder pain and knee arthritis without red flag or surgical symptoms would seem to fall within the scope of practice of the treating physician, who is a physiatrist. The request is not medically necessary.