Case Number:	CM14-0076428		
Date Assigned:	07/18/2014	**Date of Injury:**	06/07/2013
Decision Date:	01/13/2015	**UR Denial Date:**	05/06/2014
Priority:	Standard	**Application Received:**	05/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female with a date of injury of 6/7/13. The listed diagnoses are cervical spine strain/sprain and lumbar spine strain/sprain with myospasm. According to progress report 4/10/14, the patient presents with constant neck, intermittent trunk and low back pain. The patient's neck pain radiates to the bilateral hands and is accompanied by numbness, tingling and weakness. Patient reports that her low back pain is accompanied by numbness, tingling, a burning sensation, and weakness. She is currently utilizing ibuprofen for pain. Examination of the lumbar spine revealed tenderness to palpation with spasms of the bilateral paraspinal and sacroiliac. Range of motion is flexion 25, extension 15, right Flexion 10, and a left flexion on 10. Sitting root and straight leg raise tests are positive. There is decreased sensation to light touch up the lateral left thigh. Examination of the cervical spine revealed tenderness to palpation with spasms of the bilateral suboccipitals and upper trapezius. Range of motion of the cervical spine was within normal limits. MRI of the cervical spine from September 19, 2013 revealed mild diffuse desiccation at C5-C6 to C6-C7. All other levels revealed no significant disc herniation. X-ray of the lumbar spine from October 2, 2013 revealed scoliosis of the mid lumbar spine, degenerated marginal osteophyte of L1-L2, L2-L3 and degenerative osteosclerosis of the inferior end plate of L2 down to L5. The treating physician recommends PT, EMG/NCV of the bilateral upper and lower extremities, lumbar spine brace and medications. The utilization review denied the request on May 6, 2014. Treatment reports from August 30, 2013 through April 10, 2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 cervical spine/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for physical therapy 26 cervical spine/lumbar spine. For physical medicine, MTUS guidelines page 98 and 99 recommends for myalgia, myositis and neuritis type symptoms, 9 to 10 sessions over eight weeks. The progress reports provided for review do not provide physical therapy treatment history. The utilization review states "the claimant had six Chiro and six PT sessions." The time frame of when these sessions were received and the outcome of treatments are unknown. Given the patient's continued pain and decreased range of motion, a short course of four sessions may be appropriate. However, the treater's request for 12 sessions exceeds what is recommended by MTUS therefore, the request is not medically necessary.

Electromyography/Nerve conduction velocity of bilateral upper extremities: Overturned

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Electromyography/Nerve Conduction Velocity of the bilateral upper extremities. For EMG of the upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. The treating physician in this case has recommended an EMG of the bilateral upper extremities. The patient has continued complaints of radiating pain into the upper extremities, there are no prior EMG/NCV testing found in the medical records provided. The MRI report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present in this patient. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." The patient has not had an EMG/NCV in the past. In this case, the patient continues with upper extremity symptoms. Therefore the request for EMG/NCV of the bilateral upper extremities is medically necessary.

Lumbar spine brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, lumbar supports

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for LUMBAR SPINE BRACE PURCHASE. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. Recommendation is for denial.

Electromyography/Nerve conduction velocity of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Electrodiagnostic Studies and Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Electromyography/Nerve Conduction Velocity of the bilateral lower extremities. For EMG of the lower extremities, the ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines under its low back chapter has the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. ODG guidelines under its low back chapter have the following regarding NCV studies: "Not recommended". There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)". Review of the medical file does not indicate that the patient has had an NCV in the past. " In this case, it

appears that there has been no prior EMG/NCV testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy therefore, the request for Electromyography/Nerve Conduction Velocity of the bilateral lower extremities is medically necessary.