

<b>Case Number:</b>	CM15-0006425		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 32 year old female who sustained a work related injury on May 17, 2014. There was no mechanism of injury documented. A lumbar magnetic resonance imaging (MRI) performed on September 30, 2014 demonstrated a 4.4mm broad based central disc protrusion at L4-L5 effacing the thecal sac and encroaching on the transiting nerve roots. At L5-S1 a 2.4mm broad based central disc protrusion abuts the thecal sac. Thoracic study was unremarkable. There were no cervical diagnostic studies noted. The injured worker was diagnosed with post traumatic cephalgia, cervical sprain/strain, lumbar sprain/strain, mild discogenic spondylosis at L4-L5, left ankle and left wrist sprain/strain. According to the primary treating physician's progress report on November 24, 2012 the patient continues to experience severe neck and upper back pain, lower back cramping and occasional left wrist soreness. The injured worker also feels depressed, nervous with poor concentration and sleeplessness. Cervical spine examination demonstrated flexion, extension and rotation at 50 degrees and lateral flexion at 30 degrees bilaterally with pain in all planes. Positive Foraminal Compression and Jackson Compression were documented bilaterally. Tenderness was noted over the upper rhomboids, levator and suboccipital bilaterally. Current medications are listed as Naproxen, Tramadol, Cyclobenzaprine, Prilosec and topical analgesics. Treatment modalities consist of chiropractic therapy, physical therapy, acupuncture therapy, shockwave therapy, and pain management, home stretching and exercise program, pool therapy and light gym workout at home. The treating physician requested authorization for Pain management referral for symptoms related to cervical and lumbar region as outpatient; 1 Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the left upper extremity as an

outpatient; 1 Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the right upper extremity as an outpatient. On December 12, 2014 the Utilization Review denied certification for Pain management referral for symptoms related to cervical and lumbar region as outpatient; 1 Electromyography (EMG) /Nerve Conduction Velocity (NCV) of the left upper extremity as an outpatient; 1 Electromyography(EMG) /Nerve Conduction Velocity (NCV) of the right upper extremity as an outpatient. Citations used in the decision process were the Medical Treatment Utilization Schedule (Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and alternative evidence based guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pain management referral for symptoms related to cervical and lumbar region as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain programs Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

**Decision rationale:** MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." ODG states concerning chronic pain programs "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." While the treating physician does document the use of opioids and anti-depressants, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such the request for Pain

management referral for symptoms related to cervical and lumbar region as outpatient is not medically necessary.

**1 EMG/NCV of the left upper extremity as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does document clear evidence of radiculopathy. As such the request for 1 EMG/NCV of the left upper extremity as an outpatient is not medically necessary.

**1 EMG/NCV of the right upper extremity as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal

tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does document clear evidence of radiculopathy. As such the request for 1 EMG/NCV of the right upper extremity as an outpatient is not medically necessary.