

Case Number:	CM15-0101196		
Date Assigned:	06/03/2015	Date of Injury:	07/12/2007
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Michigan

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 64 year old female, who sustained an industrial injury on July 12, 2007. The injury was related to cumulative trauma. The injured worker has been treated for neck, back, shoulder, upper extremity, knee and hand and wrist complaints. The diagnoses have included cervical degenerative disc disease, cervical/lumbar radicular pain, neuropathy of the upper extremities, claw hand of the left hand, bilateral carpal tunnel syndrome, right knee arthritis, left knee medial meniscus tear, right shoulder tendinitis, lumbar herniated nucleus pulposus, right wrist De Quervain's tenosynovitis, right trigger thumb, major depressive disorder and complex regional pain syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, pain management, physical therapy, acupuncture treatments, H-wave unit, home exercise program, right carpal tunnel release surgery and a cervical spine fusion. Current documentation dated March 6, 2015 notes that the injured worker reported multiple pain complaints including cervical radicular pain, lumbar radicular pain, bilateral knee pain, anxiety, depression and sleep disturbance. The neck pain was rated a seven out of ten the visual analogue scale. Examination of the cervical and lumbar spine revealed tenderness and a decreased range of motion. The treating physician's plan of care included requests for an electromyography of the right lower extremity, nerve conduction velocity study of the right lower extremity, lumbar epidural block, lumbar discogram, computed tomography scan of the lumbar spine and shockwave therapy trial to the bilateral knees and right shoulder (no frequency, duration or number of treatments was provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back, Electrodiagnostic studies.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious and the guidelines state that electrodiagnostic studies are not necessary if radiculopathy is already clinically obvious therefore the request for Electromyography right lower extremity is not medically necessary.

Nerve Conduction Velocity right lower extremity: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies(NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious and the guidelines state that electrodiagnostic studies are not necessary if radiculopathy is already clinically obvious therefore the request for Nerve Conduction Velocity right lower extremity is not medically necessary.

Lumbar Epidural Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic, Acute and Chronic, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than 4 blocks per region per year. Unfortunately the request is not associated with any levels and quantity and without this information it is not possible to determine medical necessity.

Lumbar discogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305.

Decision rationale: Per the MTUS / ACOEM Recent studies on Diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, Diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration, Failure of conservative treatment, satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery and has been briefed on potential risks and benefits from Diskography and surgery. A review of the injured workers medical records that are available to me did not reveal a clear rationale for ordering this test and it does not appear that the injured worker meets the criteria set forth by the guidelines, therefore the request for Lumbar discogram is not medically necessary.

CT Scan Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back, Lumbar and Thoracic, Computerized Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for CT scan Lumbar Spine is not medically necessary at this time.

Shockwave therapy trial bilateral knees, right shoulders, duration and frequency unspecified: 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 Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) / Knee & Leg (Acute & Chronic) / Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The MTUS / ACOEM did not specifically address the use of shock wave therapy for the shoulder therefore other guidelines were consulted. Per the ODG, it is "recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks." Per the ODG, ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions and therefore can't be recommended yet. A review of the injured workers medical records do not reveal that she meets the diagnostic criteria for the use of this treatment modality, therefore based on the guidelines the request for Shockwave therapy trial bilateral knees, right shoulders, duration and frequency unspecified is not medically necessary.