

Case Number:	CM15-0140392		
Date Assigned:	07/30/2015	Date of Injury:	04/11/2013
Decision Date:	09/15/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 4-11-13. She has reported initial complaints of a neck and back injury. The diagnoses have included cervical radiculopathy and lumbar radiculopathy. Treatment to date has included medications, activity modifications, cervical and lumbar epidural steroid injection (ESI), physical therapy, lumbar brace and other modalities. Currently, as per the physician progress note dated 5-26-15, the injured worker complains of pain in the neck and back with tingling into the extremities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. The current medications included Motrin and Soma. The physical exam reveals no changes in the exam of the neck and back. There is tenderness in the paracervical region on the left side, muscle guarding, tenderness in the left shoulder area, tenderness in the paralumbar region, and there is muscle guarding on both sides with discomfort that extends over the sciatic notch bilaterally. The sensation is decreased to light touch in the left hand and decreased sensation in the left foot. The Spurling sign is associated with discomfort that radiates to the left arm and straight leg test is positive bilaterally. The previous physical therapy sessions are noted. The physician requested treatments included cervical traction device unit, Interferential (IF) Med-4 IF unit with garment, bilateral electrodiagnostic studies of the lower extremities and bilateral electrodiagnostic studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction device unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014 Neck and Upper Back, Traction (mechanical) (updated 05/12/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, ACOEM Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The ACOEM Chapter 9 is adopted by the CA MTUS. Therefore, this guideline takes precedence over other evidence-based guidelines. Given the lack of studies to support traction and the recommendation against its use, the currently requested cervical traction is not medically necessary.

Interferential (IF) Med- 4 IF unit with garmet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF units Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished

effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone a one month interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request which is for 3 months, in excess of trial guidelines of 1 month. In light of the above issues, the currently requested interferential unit is not medically necessary

Bilateral electrodiagnostic studies of the lower extremities: Overturned

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

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.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, and page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: ?The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: Recommended as an option (needle, not surface). 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. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001) With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: Nerve conduction studies (NCS) section: 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) However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. Within the documentation available for review, there is neurologic examination documenting abnormalities in the sensory function of the left lower extremity, while motor and deep tendon reflex systems are normal. This is documented in note dated 5/26/15. The requesting provider specifies that the radicular symptoms on exam seem worse than what would be indicated by the lumbar MRI, which shows some lateral recess stenosis and mild disc bulging. Given this discrepancy, it is

appropriate to investigate with electrodiagnostic studies, which can indicate whether there are active denervation changes which would require a more urgent intervention. Given this, the current request is medically necessary.

Bilateral electrodiagnostic studies of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for repeat EMG and nerve conduction study of the upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction study may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has had a prior EMG study as evidenced by a progress note dated 2/4/15. The author of this note comments upon a prior EMG study conducted for the upper extremities. While the requesting provider documents concern in a note dated 5/26/15 that the upper extremity sensory loss seems to be more severe than the cervical MRI would indicate, there is a lack of commentary on the prior EMG. It is unclear how the patient's symptoms have changed since the last exam to warrant a repeat study at this time. As such, the currently requested EMG and nerve conduction study of the upper extremities is not medically necessary.