

Case Number:	CM15-0184072		
Date Assigned:	09/24/2015	Date of Injury:	02/29/2000
Decision Date:	11/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 54-year-old male with a date of industrial injury 2-29-2000. The medical records indicated the injured worker (IW) was treated for right C4-5 industrial herniated disc with right upper extremity radiculopathy; broad-based bilateral C5-6 disc osteophyte complex with upper extremity radiculopathy; right carpal tunnel syndrome and median nerve compression at the wrist secondary to industrial injury; and lumbar industrial disc injury. In the progress notes (8-4-15), he reported neck pain with pain in the shoulders, arms and hands rated 8 out of 10. He also reported headaches occurring daily. Current medications included Duloxetine, Eszopiclone, and Hydrocodone. On examination (8-4-15 notes), there was guarding and spasms in the neck and loss of lordosis. Reflexes were trace in the biceps and triceps and absent in the brachioradialis. Sensory loss was noted at C4-C5 in the right shoulder and neck and in the right forearm and median nerve. There was weakness in the right deltoid and biceps and right grip was 80 percent of normal. Tinel's was positive at the right wrist. Jamar dynamometry was 20-14-18 on the right and 55-52-70 on the left. There was no documentation of neurological issues involving the left lower extremity. Treatments included right shoulder surgery, physical therapy for the shoulder and knee and medication (Lyrica and Skelaxin). MRI of the cervical spine on 1-29-15 showed right foraminal narrowing and disc herniation at C4-C5 with spinal cord implications, according to the notes. He had an EMG-NCV in 2007, showing right carpal tunnel syndrome, per the provider's notes. A Request for Authorization was received for one EMG-NCV (electromyography - nerve conduction velocity studies) of the left lower extremity, as an outpatient; one X-ray of the lumbar spine (lower back), 5-view with flexion and extension; and a

pain management consult. The Utilization Review on 8-26-15 non-certified the request for one EMG-NCV (electromyography - nerve conduction velocity studies) of the left lower extremity, as an outpatient; one X-ray of the lumbar spine (lower back), 5-view with flexion and extension; and a pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMG's (electromyography) are 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. 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. Nerve conduction studies 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. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, 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. In this case there is no documentation of neurological deficits in the lower extremities. Medical necessity has not been established. The request should not be authorized. Therefore the request is not medically necessary.

1 X-ray of the lumbar spine (lower back) 5 view with flexion and extension: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal

aneurysm, or other related serious conditions, who have positive findings on examination. In this case there is no documentation of red flags or significant progressive neurological deficit. In addition spinal X-rays would be inadequate to assess spinal cord pathology. Medical necessity has not been established. The request should not be authorized. Therefore the request is not medically necessary.

Pain management consult, submitted diagnosis cervical (neck) disc herniation, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Pain management consultation is requested in this case for cervical epidural steroid injection. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case there is insufficient documentation in the medical record to support the diagnosis of cervical radiculopathy. Criteria for epidural steroid injection have not been met. The request should not be authorized. Therefore the request is not medically necessary.