MAXIMUS Federal Services

Case Number:	CM15-0202213		
Date Assigned:	10/19/2015	Date of Injury:	04/15/2014
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial-work injury on 4-15-14. He reported initial complaints of pain in neck, lower back, and upper back regions. The injured worker was diagnosed as having cervical neuroforaminal narrowing, thoracic spine sprain-strain, cervical spine canal stenosis, and lumbar spine retrolisthesis, anterolisthesis, disc bulge, and neuroforaminal narrowing. Treatment to date has included medication and diagnostics. MRI results were reported on 7-28-14 of the lumbar spine noted degenerative changes of cervical spine, disc desiccation, disc bulge, and neural foraminal narrowing. CT scan reports were reported on 4-15-14 of the cervical spine noted multilevel degenerative changes, no acute pathology, and congenital spinal canal stenosis. Currently, the injured worker complains of cervical spine pain rated 4 out of 10 with spasms, burning that radiated down the left arm and into the fingers. Thoracic pain is rated 1-2 out of 10. The lumbar pain is rated 4-5 out of 10 with spasms and numbness that radiates down the left leg with a burning sensation and numbness to the toes. Per the primary physician's progress report (PR-2) on 9-15-15, exam noted mild hypertension, cervical spine range of motion is 75% of full with pain noted at all endpoints, thoracic spine range of motion is full with minimal discomfort, and lumbar spine flexion is 40-90 degrees, extension at 10-25 degrees, and right and left lateral flexion at 15-25 degrees, negative toe walk, positive heel walk, mild positive paraspinal tenderness to percussion. The Request for Authorization requested service to include Electromyography (EMG) of right lower extremity, Electromyography (EMG) of left lower extremity, Nerve conduction velocity (NCV) of right lower extremity, Nerve conduction velocity (NCV) of left lower extremity, and TENS unit for 5

months. The Utilization Review on 10-5-15 denied the request for Electromyography (EMG) of right lower extremity, Electromyography (EMG) of left lower extremity, Nerve conduction velocity (NCV) of right lower extremity, Nerve conduction velocity (NCV) of left lower extremity, and TENS unit for 5 months, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of right 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) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "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 ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (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." The injured worker has complaints of pain in neck, lower back, and upper back regions. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG of the right lower extremity is not medically necessary.

Electromyograph (EMG) of left 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) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "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 ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (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." The injured worker has complaints of pain in neck, lower back, and upper back regions. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG of the left lower extremity is not medically necessary.

Nerve conduction velocity (NCV) of right 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) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "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 ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (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." The injured worker has complaints of pain in neck, lower back, and upper back regions. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The requested treatment: Nerve conduction velocity (NCV) of right lower extremity is not medically necessary.

Nerve conduction velocity (NCV) of left 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) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM Guidelines state, "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 ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis

of radiculopathy. EMGs (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." The injured worker has complaints of pain in neck, lower back, and upper back regions. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for Nerve conduction velocity (NCV) of left lower extremity is not medically necessary.

TENS unit for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: As Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and were there any functional benefits. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located within the submitted Medical Records. The Requested Treatment TENS Unit for 5 months is not medically necessary and appropriate.