

<b>Case Number:</b>	CM15-0020299		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

### 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 42 year old male who sustained an industrial injury on 02/15/2011. Diagnoses include facet arthropathy of C4-C5, C5-C6 - left side, status post rhizotomy C3-C4, C4-C5 - left side on 08/27/2014, with significant improvement in neck pain, persistent daily headaches, and left sided lower back pain, rule out facet arthropathy L4-L5, L5-S1 area, bilateral tennis elbow, and tendinitis of both wrists. Treatment to date has included medications, epidural steroid injections, physical therapy, extra corporeal shockwave therapy, and home exercise program and knee and shoulder injections. A physician progress note dated 12/03/2014 documents the injured worker has soreness in the neck, shoulders, and elbows. Range of motion of the neck and back are limited. Knees are tender to palpation. Treatment requested is for Electromyography (EMG) of the bilateral lower extremities, gym membership with a Jacuzzi and hot tub, Nerve Conduction Studies (NCS) of the bilateral lower extremities, and shockwave treatment. On 01/07/2015 Utilization Review non-certified the request for EMG of the bilateral lower extremities, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). On 01/07/2015 Utilization Review non-certified the request for gym membership with a Jacuzzi and hot tub, and cited was California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines. On 01/07/2015 Utilization Review non-certified the request for Nerve Conduction Studies of the lower extremities, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). On 01/07/2015 Utilization Review non-certified the request for shockwave treatment, and cited

was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

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

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

#### **Gym membership with a Jacuzzi and hot tub qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine, gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Gym memberships.

**Decision rationale:** Per the 12/18/14 report the patient presents with lower back pain s/p diagnostic MBB and significantly improved neck pain s/p rhizotomy on 02/27/14 along with persistent daily headaches. The reports also show elbow, shoulder, wrist, knee and ankle complaints. The current request is for gym membership with a Jacuzzi and hot tub QTY. 1. The RFA included is dated 01/15/15. The reports do not state if the patient is working. MTUS and ACOEM guidelines are silent regarding gym membership. ODG, Knee & Leg Chapter, Gym memberships, states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The 12/03/14 report by [REDACTED] states this request is for the patient to get timely treatment when needed including aquatic treatment. The 12/18/14 report by [REDACTED] states the patient is encouraged to continue his home exercise program. In this case, the reports provided for review do not explain why the home exercise program has not been effective or why land based therapy is inadequate and aquatic therapy is needed. Furthermore, there is no documentation as to how the patient would be monitored. The request IS NOT medically necessary.

#### **EMG of the bilateral lower extremities qty: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter; EMGs (electromyography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: EMGs (electromyography).

**Decision rationale:** Per the 12/03/14 report by [REDACTED] the patient presents with lower back pain s/p diagnostic MBB and significantly improved neck pain s/p rhizotomy 02/27/14 along with persistent daily headaches. The current request is for EMG of the bilateral lower extremities.

The RFA is not included. The reports do not state if the patient is currently working. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. ODG (Online Low Back chapter: EMGs (electromyography) ODG states, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treater states this request is due to back pain radiating down his legs. The report further states he is requesting "updated" studies. The reports provided for review do not mention prior EMG LE studies for this patient. The 01/07/15 utilization review lists a normal EMG from 10/04/12; however, it is not clear that this study was for the lower extremities. In this case, the reports provided present clinical evidence of lower back pain since at least 09/25/14. However, the treater does not explain why prior studies are inadequate. The request IS NOT medically necessary.

**NCS of the bilateral lower extremities qty: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS).

**Decision rationale:** Per the 12/03/14 report by [REDACTED] the patient presents with lower back pain s/p diagnostic MBB and significantly improved neck pain s/p rhizotomy 02/27/14 along with persistent daily headaches. The current request is for NCS of the bilateral lower extremities QTY 2. The RFA is not included. The reports do not state if the patient is currently working. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back) chapter: Nerve conduction studies (NCS) ODG 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." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The treater states this request is due to back pain radiating down his legs. The report further states he is requesting "updated" studies. The reports provided for review do not mention prior EMG LE studies for this patient. The 01/07/15 utilization review lists a normal EMG from 10/04/12; however, it is not clear if this study was for the lower extremities. No examination findings are provided in 12/03/14 report by [REDACTED] The 12/18/14 report by [REDACTED] provides no findings of an abnormal sensory examination or complaints of numbness or tingling. In this case, the request IS NOT medically necessary.

**Shockwave treatment qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, ESWT.

**Decision rationale:** Per the 12/18/14 report the patient presents with lower back pain s/p diagnostic MBB and significantly improved neck pain s/p rhizotomy 02/27/14 along with persistent daily headaches. The reports also show elbow, shoulder, wrist, knee and ankle complaints. The current request is for SHOCK WAVE TREATMENT QTY 1. The RFA is not included. The reports do not state if the patient is currently working. ODG, Elbow Chapter, ESWT, states, "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended." Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): If the decision is made to use this treatment despite the lack of convincing evidence. Criteria include: "Maximum of 3 therapy sessions over 3 weeks." The 12/03/14 report by [REDACTED] states that shock wave therapy helped the patient's elbows and wrists and the patient would like this therapy. This is a complex case and the patient has multiple complaints. As presented above the request does not specify the body parts to be treated. Presumably it is for the elbow and/or wrist. ODG does not discuss ESWT in the Forearm, Wrist and Hand Chapter or Carpal Tunnel Syndrome Chapter. Guidelines state the treatment is not recommended for the elbow and if used despite the lack of convincing evidence a maximum of 3 therapy sessions over 3 weeks is allowed. This request is for an indeterminate number of treatments. The request IS NOT medically necessary.