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| Case Number: | CM15-0222403 | | |
| Date Assigned: | 11/18/2015 | Date of Injury: | 09/21/2006 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 9-21-06. Medical records indicate that the injured worker is undergoing treatment for cervical spine pain, low back pain, status-post cervical fusion with revision, symptomatic retained hardware at cervical three to cervical five and lumbar discopathy. The injured worker is currently not working. On (9-29-15) the injured worker complained of constant neck pain which radiated down the bilateral upper extremities with the left greater than the right. Associated symptoms include left-sided occipital headaches, occasional muscle spasms and a pins and needles sensation. The pain is worse with activity, flexion and extension, repetitive head motions, rotation and walking. The injured worker had serve difficulty with sleep. The injured worker also noted low back pain which radiated down the bilateral lower extremities. The pain is aggravated by walking. The pain was rated 8 out of 10 with medications on the visual analog scale. Objective findings noted the injured worker to be in moderate distress. Examination of the lower extremities revealed positive hyperesthesia over the second metatarsophalangeal joint and discoloration of the second digit. There was tenderness to palpation of the right foot with moderate swelling. Examination of the cervical spine revealed spasm and spinal vertebral tenderness over the cervical four through cervical seven levels. Myofascial trigger points with a twitch response were noted in the trapezius muscles bilaterally. Range of motion was decreased and painful. Sensation as decreased in the bilateral upper extremities and the affected cervical six-cervical eight dermatome. Treatment and evaluation to date has included medications, x-rays, Computed Tomography scan (CT scan) of the cervical spine (6-18-15), psychological care, trigger point

injections, home exercise program and a cervical fusion. Current medications include Norco, Hydrocodone-Acetaminophen and Polyethylene Glycol. The current treatment requests are for a bone growth stimulator and an electromyography-nerve conduction velocity of the bilateral lower extremities. The Utilization Review documentation dated 10-13-15 non-certified the request for a bone growth stimulator and an electromyography-nerve conduction velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guideline, bone growth stimulator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Bone Growth Stimulators.

Decision rationale: Use of bone growth stimulators is under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case the patient has persistent neck pain. There is no documentation in the medical record that criteria for use of bone stimulators has been met. In addition evidence of benefit is conflicting. The conflicting evidence does not allow determination of efficacy or safety. The request is not medically necessary.

EMG/NCV bilateral LE: 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: 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. 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 documentation does not support the diagnosis of radiculopathy. Nerve conduction studies are not recommended. The request is not medically necessary.