

Case Number:	CM14-0143043		
Date Assigned:	09/10/2014	Date of Injury:	12/11/2013
Decision Date:	11/12/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male with date of injury of 12/11/2013. The listed diagnoses per [REDACTED] from 07/29/2014 are lumbar IVD syndrome, cervical IVD syndrome, brachial neuritis, lumbar neuritis, thoracic, lumbar, and cervical strain, thoracic, lumbar, and cervical segmental dysfunction and muscle spasms. According to this report, the patient complains of cervical, thoracic, and lumbar pain with paresthesia affecting the arms. The patient rates his neck pain a constant 8/10 to 9/10, lumbar pain a constant 7/10 to 8/10, and thoracic pain a constant at 7/10 with pain across the tops of the shoulder into the upper arms. He also complains of bilateral, left greater than right, numbness affecting the lower extremities with weakness of the legs. The objective findings show Kemp's test is positive bilaterally. Double straight leg raise testing is positive for increased lumbar pain, and he was unable to lift his legs. Shoulder depression is positive bilaterally. Jackson's test, axial compression test, Soto-Hall is positive. Segmental dysfunction is present at the left S/I, L5, T11, T4, and C6/7. There is moderate tension and spasming affecting the cervicothoracic paraspinal region. The physician references an MRI of the lumbar spine from 06/17/2014 that showed L5-S1 disk extrusion affecting the right nerve root with bilateral foraminal stenosis. A cervical MRI from 01/14/2014 was also referenced by the physician in this report, which showed C4/5 disk protrusion and multilevel C4-7 DDD with IVF stenosis. The utilization review denied the request on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Lumbar Spine 5 views with Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - Low Back Chapter - Flexion/extension imaging studies

Decision rationale: This patient presents with cervical, thoracic, and lumbar pain with paresthesia affecting the arms. The physician is requesting x-rays of the lumbar spine 5 views with flexion and extension. The MTUS and ACOEM Guidelines do not address flexion/extension x-rays. However, ODG Guidelines states, "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal)." The 08/01/2014 report notes that the physician is requesting a 5-view flexion-extension lumbar spine x-ray to rule out instability. The records do not show the patient has received an x-ray of the lumbar spine with flexion and extension views. In this case, the patient does not present with spondylolisthesis which is indicated by ODG Guidelines for x-ray of the lumbar spine with flexion and extension views. Therefore the request is not medically necessary.

MRI- Thoracic Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to a procedure. ACOEM Guidelines further states that unequivocal findings that identify specific nerve compromise under neurologic examination or sufficient evidence toward imaging studies if symptoms persist. The 07/29/2014 report notes that the patient is reporting thoracic pain at a rate of 7/10 with pain across the tops of the shoulders into the upper arms. Kemp's test is positive bilateral and positive Soto-Hall test for increased cervicothoracic pain. Segmental dysfunction is present in the left S/I, L5, T11, T4, and C6/7. The records show that the patient has not had any previous MRI of the thoracic spine. Given segmental dysfunction at the left SI, L5, T11, T4, and C6/7 including reports of thoracic pain, an MRI is reasonable to rule out other pathology. Therefore the request is medically necessary.

Pain Management Consultation- Cervical , Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: This patient presents with cervical, thoracic, and lumbar pain with paresthesia affecting the arms. The physician is requesting pain management consultation for the cervical and lumbar spine. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The utilization review denied the request stating there is no documentation of the specific levels to be addressed including no documentation of subjective and objective radicular findings in each of the requested nerve root distributions. The 06/30/2014 reports show that the physician is requesting pain management consultation for epidural steroid injection for the cervical and lumbar spine treatment. In this case, it appears that the physician is requesting a consultation to see if the patient is a candidate for an epidural steroid injection, and the requested consultation is reasonable. Therefore the request is medically necessary.

EMG- Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under Pain Chapter - Electrodiagnostic testing (EMG/NCS), ODG under Forearm, wrist and hand - Electrodiagnostic studies (EDS),ODG under Low Back - Electrodiagnostic Studies

Decision rationale: This patient presents with cervical, thoracic, and lumbar pain with paresthesia affecting the arms. The physician is requesting an EMG/NCV of the bilateral upper extremities. The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The RFA from 07/25/2014 notes that the physician is requesting EMG/NCV of the bilateral upper and lower extremities. The records do not show any previous EMG/NCV of the bilateral upper and lower extremities. The 07/29/2014 report notes that the patient reports cervical, thoracic, and lumbar pain with paresthesia affecting the arms. Kemp's test is positive bilaterally.

Double straight leg raise is positive for increased lumbar pain, and he was unable to lift his legs. Shoulder depression test is positive bilaterally. Jackson's test is positive bilaterally. Positive axial compression test. Segmental dysfunction is present at the left S/I, L5-T11, T4, and C6/7. There is moderate tension and spasming affecting the cervical and thoracic spinal region. The ACOEM Guidelines page 303 states, "Electromyography (EMG), includes 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". In addition, ODG on NCV states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." In this case, this patient presents with paresthesia in the arms and a positive straight leg raise and the requested EMG/NCV of the bilateral upper and lower extremities is reasonable. Therefore the request is medically necessary.

NCV- Bilateral Upper Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under Pain Chapter - Electrodiagnostic testing (EMG/NCS), ODG under Forearm, wrist and hand - Electrodiagnostic studies (EDS),ODG under Low Back - Electrodiagnostic Studies

Decision rationale: This patient presents with cervical, thoracic, and lumbar pain with paresthesia affecting the arms. The physician is requesting an EMG/NCV of the bilateral upper extremities. The ACOEM Guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting for more than 3 or 4 weeks. The RFA from 07/25/2014 notes that the physician is requesting EMG/NCV of the bilateral upper and lower extremities. The records do not show any previous EMG/NCV of the bilateral upper and lower extremities. The 07/29/2014 report notes that the patient reports cervical, thoracic, and lumbar pain with paresthesia affecting the arms. Kemp's test is positive bilaterally. Double straight leg raise is positive for increased lumbar pain, and he was unable to lift his legs. Shoulder depression test is positive bilaterally. Jackson's test is positive bilaterally. Positive axial compression test. Segmental dysfunction is present at the left S/I, L5-T11, T4, and C6/7. There is moderate tension and spasming affecting the cervical and thoracic spinal region. The ACOEM Guidelines page 303 states, "Electromyography (EMG), includes 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". In addition, ODG on NCV states, "not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." In this case, this patient presents with paresthesia

in the arms and a positive straight leg raise and the requested EMG/NCV of the bilateral upper and lower extremities is reasonable. Therefore the request is medically necessary.