

Case Number:	CM14-0144117		
Date Assigned:	09/12/2014	Date of Injury:	05/03/2013
Decision Date:	11/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 62 year old employee with date of injury of 5/3/2013. Medical records indicate the patient is undergoing treatment for a history of chronic back pain, lumbar radiculopathy, cervical pain, cervical facet syndrome and post-concussion syndrome. Subjective complaints include headaches that are rated 6/10 for pain and felt at the top of her head. The headaches can last a few days. She has left buttock pain that is described as "grabbing" and can "stop me in my tracks". The pain starts in left lumbar region to her buttock and occasionally vagina. She says her thighs are weak and she is getting increasing heel pain. She states her right wrist/hand will cramp and her right 1st toe "cramps and contorts". She also has right sided neck pain. She will take Flexeril for severe pain but does not like Tramadol due to sleepiness. Soma has made her sleepy in the past. Objective findings include range of motion of the cervical spine is limited by pain. Flexion 40 degrees; extension 30; right lateral bending, 15; left lateral bending; 20 and lateral rotation to right and left 35. The paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and a trigger point with twitch response were all noted on the right side. Spurling's maneuver produces no neck pain or radicular symptoms in the arm. Cervical facet loading is positive on the right. The lumbar spine ROM is limited by pain. Flexion, 40 degrees and extension is 20. The patient cannot heel to toe walk and has an antalgic gait. Faber test is positive and lumbar facet loading is negative on both sides. There was noted left leg weakness distally versus the right. There was a decreased sensation to pinprick over the C6 upper dermatome on the left. Hoffman's sign is negative. Straight leg test is negative. Treatment has consisted of Flexeril, Naprosyn and Tramadol. A prior right shoulder injection provided excellent relief; TENS and exercise provided moderate relief and PT provided mild relief. The utilization review determination was rendered on 8/26/2014 recommending non-certification of an EMG-BLE; NCS-BLE; MRI-L/S and Cervical facet radiofrequency ablation @ right C4, C5, C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is 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. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician states that a cervical MRI showed degenerative changes. However, the treating physician did not provide a detailed MRI radiology report to support an EMG of the bilateral lower extremities. The treating physician has not submitted those imaging reports to date. As such the request for EMG of the Bilateral Lower Extremities is not medically necessary at this time.

NCS-BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is 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. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician states that a cervical MRI showed degenerative changes. However, the treating physician did not provide a detailed MRI radiology report to support an NCS of the bilateral lower extremities. The treating physician has

not submitted those imaging reports to date. As such the request for NCS of the bilateral lower extremities is not medically necessary at this time.

MRI-L/S: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The treating physician was asked to submit previous medical imaging studies to support a repeat MRI. ODG states "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The patient had previous imaging studies in April 2014. As such, the request for MRI lumbar spine is not medically necessary.

Cervical facet radiofrequency ablation @ right C4, C5, C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Radiofrequency neurotomy, and facet rhizotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) ,Facet joint radiofrequency neurotomy

Decision rationale: MTUS is silent on radiofrequency ablation. ODG states "Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks.2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks).4. If different regions require neural blockade, these should be performed at

intervals of not sooner than one week, and preferably 2 weeks for most blocks.⁵ There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.⁶ While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period". While the patient had a 7/11/14 medial branch block that reduced the pain from 6/10 to 1/10 and the patient had residual pain relief for one month, the current guideline state "the current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The request is within 3 months of the previous injection. As such, the request for cervical facet radiofrequency ablation at right C4, C5, C6 is/was not medically necessary.