

Case Number:	CM14-0021684		
Date Assigned:	05/07/2014	Date of Injury:	05/29/2011
Decision Date:	08/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurology and is licensed to practice in Texas. 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 injured worker is a 57 year old male with a reported date of injury of 05/29/2011. The injury reportedly occurred when the injured worker was preparing a horse when the horse got out of control and kicked the injured worker, injuring both of the shoulders, head, knee, and upper back. His diagnoses were noted to include lumbar radiculitis, lumbar disc bulge at L5-S1 with nerve root impingement/neural foraminal stenosis, cervicothoracic strain/arthrosis and neural foraminal stenosis, left shoulder status post arthroscopic surgery with subsequent adhesive capsulitis, rotator cuff tear, right shoulder impingement syndrome with acromioclavicular joint arthrosis and rotator cuff tear, lumbosacral strain/arthrosis with multilevel listhesis, left knee status post arthroscopic surgery x3 with arthrosis, neurological complaints including headaches and memory loss, and sleep disturbance. His previous treatments were noted to include pain medications, knee injections, physical therapy, surgeries, epidural steroid injections, and a home exercise program. The provider reported the injured worker complained of pain to his low back that radiated down the bilateral posterolateral lower extremities to the feet and the L5-6 and L5-S1 distributions. The injured worker rated his pain as a constant 7/10 and also reported numbness and tingling in the bilateral lower extremities. The injured worker complained of sleep impairment secondary to pain. The physical examination showed tenderness to palpation over the L4-5 spinous processes and myofascial trigger points at the L5-S1 level, as well as sensation reduced to the right lower extremity, but deep tendon reflexes are at 2+ out of 2 at the patella and 2+/trace at the Achilles. A range of motion was performed that showed flexion was 45 degrees, extension was 10 degrees, right/left lateral rotation was 15/10 degrees, and facet loading was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines state, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before order an imaging study. Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in injured worker with neck or arm symptoms, or both lasting more than three or four weeks." The Official Disability Guidelines recommend electromyography or nerve conduction studies, depending on indications. There is not a recent, adequate, and complete assessment of the cervical spine provided for review. There are not enough adequate findings upon physical examination to warrant the need for an electromyography to the bilateral upper extremities. There is a lack of documentation regarding positive Spurling's, decreased sensation, decreased strength, and decreased reflexes to the bilateral upper extremities. Therefore, the request is not medically necessary and appropriate.

NERVE CONDUCTION STUDIES (NCS) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: There is a lack of documentation regarding the cervical spine physical examination. The ACOEM Guidelines state, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before order an imaging study. Electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in injured worker with neck or arm symptoms, or both lasting more than three or four weeks." The Official Disability Guidelines recommend a nerve conduction study, depending on indications. There was not a recent, adequate, and complete assessment of the cervical spine submitted for review. There were not adequate findings upon physical examination to warrant the need for a nerve conduction study. As such, the request is not medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise of the neurologic examination are sufficient evidence to warrant imaging in injured worker who do not respond to treatment and who would consider surgery an options. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive finding, such as disc bulges, that are not the source of painful symptom and do not warrant surgery. Electromyography, including H reflex tests , may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks." The Official Disability Guidelines state the electromyography is recommended as an option to obtained unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but electromyographies are not necessary if radiculopathy is already clinically obvious. The physical examination of the lumbar spine reported positive straight leg raise, decreased sensation, and decreased tendon reflexes. Therefore, lumbar radiculopathy is already clinically obvious and does not warrant the need for an electromyography. Therefore, the request is not medically necessary and appropriate.

NERVE CONDUCTION STUDY (NCS) OF BILATERAL LOWER EXTREMITY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS 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).

Decision rationale: The injured worker has a diagnosis of lumbar radiculopathy verified by physical findings as well as an MRI. The ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise of the neurologic examination are sufficient evidence to warrant imaging in injured worker who do not respond to treatment and who would consider surgery an options. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive finding, such as disc bulges, that are not the source of painful symptom and do not warrant surgery. Electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks." The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions. The physical examination showed obvious clinical signs of radiculopathy composed of positive straight leg raise, decreased

sensation, and decreased deep tendon reflexes. Therefore, the clinical findings do not warrant the need for a nerve conduction study of the bilateral lower extremities.

ELECTRONYSTAGMOGRAPHY (ENG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003920>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Korres,S., Riga,M., Papacharalampous,G., Chimona,T., Danielidis,V.,Korres,G., and Xenelis,J.(2009).Relative diagnostic importance of electronystagmography and magnetic resonance imaging in vestibular disorders. The Journal of Laryngology and Otology, 123, (08), pages 851-856.

Decision rationale: Electronystagmography tests are performed to assess eye movements to determine how well the acoustic nerve and the oculomotor nerve are functioning within the brain. The test can be performed to determine whether a balance or nerve disorder is the cause of dizziness or vertigo. In a study authored by Korres, et al, it was noted, "Electronystagmography remains the most useful examination for a etiological diagnosis of patients with vertigo and unsteadiness, since the actual number of patients with vertigo and unsteadiness of central origin is small (3.9 per cent), even in a population in which history and clinical examination may indicate an increased probability of central nervous system dysfunction." There is a lack of recent documentation regarding hearing loss, tinnitus, and dizziness as well as previous treatments performed for these symptoms. Within the documentation there was a lack of documentation indicating any prior diagnostic testing or hearing assessments were performed. Therefore, the request is not medically necessary and appropriate.

BRAIN STEM AUDITORY EVOKED POTENTIAL RESPONSES (BAER) AND ACOUSTIC EVOKED POTENTIALS (AEP) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Electrodiagnostic studies.

Decision rationale: There is a lack of documentation regarding recent hearing loss, tinnitus, or dizziness. The Official Disability Guidelines state the brain stem auditory evoked response may be used to assess damage to the brain stem, mid brain, and other neural structures that govern hearing and/or balance. There was a lack of recent documentation regarding hearing loss, tinnitus, and dizziness as well as previous treatments performed for these symptoms. Within the medical records provided for review, there was a lack of documentation indicating any prior

diagnostic testing or hearing assessments performed. Therefore, the request is not medically necessary and appropriate.

OTOACOUSTIC EMISSIONS (OAE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1860995>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vestibular studies.

Decision rationale: There is a lack of documentation regarding recent hearing loss, tinnitus, or dizziness. The Official Disability Guidelines state the vestibular studies assess the function of the vestibular portion of the inner ear for injured workers who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The Guidelines state injured workers with mild traumatic brain injury often complain of dizziness, however, these problems may be undetected by a clinical examination. There was a lack of recent documentation regarding hearing loss, tinnitus, and dizziness as well as previous treatments performed for these symptoms. Within the documentation there was a lack of documentation indicating any prior diagnostic testing or hearing assessments performed. Additionally, there is a lack of documentation regarding recent vertigo, unsteadiness, dizziness or other balance disorders which would warrant the need for an otoacoustic emissions test. Therefore, the request is not medically necessary and appropriate.

QUANTIFIED ELECTROENCEPHALOGRAM (QEEG) TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, QEEG.

Decision rationale: The injured worker has had a previous electroencephalogram performed. The Official Disability Guidelines do not recommend QEEG for diagnosing traumatic brain injuries. The Guidelines state quantified encephalography is a modification of standard EEG using computerized analysis of statistical relationships between power, frequency, timing, and distribution of scalp-recorded brain electrical activity. The Guidelines also state in moderate/severe traumatic brain injury, the results of QEEG are almost redundant when traditional electroencephalographic, neurologic, and radiologic evaluations have been obtained. The injured worker has had a previous EEG and therefore, a QEEG is not warranted at this time. Therefore, the request is not medically necessary and appropriate.

POLYSOMNOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography.

Decision rationale: The injured worker has been diagnosed with sleep disturbances. The Official Disability Guidelines recommend polysomnograms for the combination of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, insomnia complaints for at least 6 months, unresponsiveness to behavior interventions and sedative/sleep-promoting medications and psychiatric etiology have been excluded, and sleep-related breathing disorder or periodic limb movement disorder is suspected. The Guidelines also state a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms is not recommended. The documentation provided indicated that the injured worker's sleep is impaired secondary to pain, having difficulty falling asleep and awakens frequently throughout the night. The Epworth Sleepiness Scale performed on 05/14/2013 was 3 (score above 10 is abnormal). There is a lack of documentation regarding recent sleep studies or symptoms indicative of obstructive sleep apnea. Therefore, the request is not medically necessary and appropriate.