

Case Number:	CM14-0085323		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2011
Decision Date:	06/02/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 69 year old male with an industrial injury dated 07/15/2011. His diagnoses included status post decompressive laminectomy at lumbar 2, 3, 4 and the upper part of lumbar 5, sensorimotor neuropathy, chronic cervical strain, multilevel cervical spondylosis and multiple cervical disc bulges. He also had a pacemaker. Prior treatments included aquatic based physical therapy program, surgery, diagnostics and medications. He presents on 04/17/2014 with complaints of back pain and pain over bilateral sacroiliac joints. He also complains of neck pain. Physical exam revealed cervical range of motion was limited with tenderness to palpation. The injured worker ambulated with a slight limp on the right. He had tenderness over the bilateral sacroiliac joints. The treatment plan included electro-neuro diagnostic testing of the neck and upper extremities, CT of the lumbar spine and one diagnostic sacroiliac joint injection on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the neck and upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCS of the neck and upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are status post decompression laminectomy L2, L3, L4 and the upper part L5 (November 25, 2013); sensorimotor neuropathy by report June 3, 2013; multilevel cervical spondylosis; multiple cervical disc bulges; the patient has a pacemaker. Subjectively, according to a May 21, 2014 progress note, the patient remains symptomatic with neck and upper extremity complaints. There are no other subjective findings. Objectively, range of motion is decreased. Upper extremity strength is normal. Sensation is diminished over the dorsal medial and dorsolateral aspect of the right hand. Biceps, triceps and brachioradialis reflexes are absent bilaterally. There are no significant subjective or neurologic objective findings in the left upper extremity. There are no unequivocal specific nerve findings documented in the medical record. The documentation indicates decreased sensation of the right hand and positive signs for carpal tunnel syndrome at the bilateral wrists. Consequently, absent clinical documentation with significant left upper extremity subjective and objective clinical findings with a clinical rationale for the left upper extremity EMG/NCS along with unequivocal findings that identify specific nerve compromise on the neurologic examination, EMG/NCS of the neck and upper extremities is not medically necessary.

1 S1 Joint Injection on the right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, SI joint injection.

Decision rationale: Pursuant to the Official Disability Guidelines, one SI joint injection on the right is not medically necessary. SI joint blocks are recommended as an option if the injured worker failed at least four-six weeks of aggressive conservative therapy. SI dysfunction is poorly defined and the diagnosis often difficult to make due to the presence of other low back pathology. All will I The criteria for the use of sacroiliac blocks include: history and physical should suggest the diagnosis; diagnostic evaluation must first address other possible pain generators; the patient has had and failed four-six weeks of aggressive conservative therapy including PT, home exercise and medication management; blocks are performed under fluoroscopy; a positive diagnostic responses recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed; if steroids are injected during the initial injection, the duration of pain relief should be at the strength of Says least six weeks with at least a greater than 70% pain relief reported for this. In this case, the injured worker's working diagnoses are status post decompression laminectomy L2, L3, L4 and the upper part L5 (November 25, 2013); sensorimotor neuropathy by report June 3, 2013; multilevel cervical spondylosis; multiple cervical disc bulges; the patient has a pacemaker. A progress note dated May 21, 2014, subjectively states the injured worker has ongoing back pain and right lower extremity complaints. Objectively, the injured worker ambulates with a limp on the right. There is significant tenderness over the right SI joint palpation. The treating provider requested an SI joint injection on the right. In a follow-up progress note dated June 26, 2014 (approximately 3 weeks later), the treating provider determined the SI joint injection was not medically necessary at this time. The discussion stated the injured worker's back complaints are multifactorial in origin. The majority of the back complaints are rheumatologic in origin and it was recommended the injured worker returned to his rheumatologist to discuss therapeutic options. Consequently, absent clinical documentation with a clinical indication and rationale for SI joint injection with specific clinical documentation indicating an SI joint block is not medically necessary, one SI joint injection on the right is not medically necessary.