

<b>Case Number:</b>	CM15-0014054		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65- year old female, who sustained an industrial injury on August 27, 2013. She has reported a slip and fall injury that resulted in injuries to the elbows, knees, arms, right hand/shoulder, neck and arms. The diagnoses have included cervical radiculopathy, multi-level degenerative disc disease, spinal stenosis, right neuroforaminal narrowing at the C5-C6 and C6-C7. Treatment to date has included physical therapy with home exercise program, pain medications, TENS therapy, acupuncture therapy, chiropractic therapy, ice/heat therapy and regular follow up. Currently, the IW complains of neck pain, back pain, back pain radiating form the low back and bilateral wrist pain. The worker reported pain increasing in the last few weeks. The worker reported that sleep was disturbed however, documentation also reported that pain did not interfere with sleep, concentration, mood, work, recreation or family functions. She had increased her activity level. Low back pain was reported to radiate down his right leg. On January 21, 2015, the Utilization Review decision non-certified a request for a cervical epidural injection, electromyography (EMG) of the bilateral lower extremities, nerve conduction studies (NCS) of the bilateral extremities and a magnetic resonance imaging of the lumbar spine. The rationale noted the epidural injection is indicated for a diagnosis of radicular pain of neurological findings consistent with radicular pain and this was not supported in the documentation. The EMG/NCS studies were non-covered because the documentation did not indicate that there was a progression of the clinical condition to support the medical necessity. Finally, there were no new symptoms to support the medical necessity for a second magnetic resonance imaging. The MTUS Chronic Pain Treatment Guidelines and the ACOEM Guidelines was cited. On January

23, 2015, the injured worker submitted an application for IMR for review of a cervical epidural injection, electromyography (EMG) of the bilateral lower extremities, nerve conduction studies (NCS) of the bilateral extremities and a magnetic resonance imaging of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cervical Epidural Injection, C7-T1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. Although the patient's MRI and EMG studies were abnormal, her neurological findings were not consistent with radiculopathy in the upper extremities. MTUS guidelines do not recommend epidural injections for neck without radiculopathy. Therefore, the request for C7-T1 cervical epidural steroid injection is not medically necessary.

#### **EMG of Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks(page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear

evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. In addition, the EMG/NCV study performed on December 17, 2013 showed there have been no reported changes or progression in the patient's clinical status. Therefore, the request for EMG of the bilateral lower extremities is not medically necessary.

**Nerve Conduction Study of Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommed EMG/NCV without signs of radiculopathy or nerve dysfunction. In addition, the EMG/NCV study performed on December 17, 2013 showed there have been no reported changes or progression in the patient's clinical status. Therefore, the request for NCV study of the bilateral lower extremities is not medically necessary.

**MRI of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 303.

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

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not

respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for lumbar MRI is not medically necessary.