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| Case Number: | CM15-0114477 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 11/21/2012 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male with an industrial injury dated 11/12/2012. The mechanism of injury is documented as occurring when he was unloading material from pallets when he fell forward, hitting his right knee and his head. His diagnoses included status post right knee aspiration of fluid, status post right knee replacement with effusion, cervical spine strain, multi-level disc disease along cervical 4-cervical 7, lumbar strain, radiculitis to the lower extremities and multi-level disc disease along lumbar 1-lumbar 5. Prior treatment included physical therapy, anti-inflammatory medication and a home exercise program, epidural injections to his lumbar spine and pain medication. He presents post-right knee arthrocentesis three weeks prior. The culture of the aspirate was negative for bacteria. He was also complaining of pain in the cervical spine radiating to the upper extremities. He noted difficulty with heaving lifting and overhead working activities. He also complained of pain in the lower back with radicular pain to both lower extremities. Physical exam of the cervical spine noted no gross deformity, no masses and no swelling. He was tender to palpation over the cervical spine and paracervical muscles. There were palpable trigger points with a positive twitch response and decreased range of motion. Lumbar spine was tender to palpation with palpable trigger points with a positive twitch response and decreased range of motion. Straight leg raise was decreased. Right knee exam showed a well healed surgical scar without swelling. MRI of the cervical spine dated 07/09/2014 showed 3-4.0 mm disc at cervical 4-5 and 3.0 mm herniated ruptured disc at cervical 5-6. MRI of lumbar spine dated 06/30/2014 showed 4.0 mm herniated ruptured disc at lumbar 1-2, disc bulge at lumbar 2-3, lumbar 3-4 and lumbar 4-5. Treatment plan included pain management

evaluation, epidural steroid injection to the cervical spine times 3, trigger point injections (administered 2 to lumbar spine and 2 to cervical spine), acupuncture, right knee elastic sleeve brace, physical therapy, medication, urine drug test and EMG/NCV studies of the upper and lower extremities. He remains total temporary disability. The treatment request is for EMG/NCV of the lower extremity, EMG/NCV of the upper extremity, epidural steroid injections times 3 and pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The 56 year old patient complains of pain in the cervical spine radiating to the upper extremities, as per progress report dated 05/20/15. The request is for PAIN MANAGEMENT EVALUATION. The RFA for the case is dated 05/20/15, and the patient's date of injury is 11/21/12. The patient is status post right knee replacement with effusion and status post right knee aspiration of fluid on 05/20/15, as per progress report with the same date. Diagnoses included cervical sprain strain, multi-level disc disease from C4 through C7, lumbar strain, radiculitis of lower extremities, multilevel disc disease from L1-L5. The patient is temporarily totally disabled, as per the same progress report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the request for pain management evaluation is noted in progress report dated 05/20/15. While the orthopedician does not explain the purpose of this request, the patient does suffer from severe pain and may benefit from pain management consult. Hence, the treater's request appears reasonable and IS medically necessary.

EMG/NCV of the Upper Extremity: Overturned

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 12 Low Back Complaints Page(s): 303.

Decision rationale: The 56 year old patient complains of pain in the cervical spine radiating to the upper extremities, as per progress report dated 05/20/15. The request is for EMG/NCV OF THE UPPER EXTREMITY. The RFA for the case is dated 05/20/15, and the patient's date of injury is 11/21/12. The patient is status post right knee replacement with effusion and status post right knee aspiration of fluid on 05/20/15, as per progress report with the same date. Diagnoses included cervical sprain strain, multi-level disc disease from C4 through C7, lumbar strain, radiculitis of lower extremities, multilevel disc disease from L1-L5. The patient is temporarily totally disabled, as per the same progress report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient suffers from neck pain radiating to upper extremities. Physical examination, as per progress report dated 05/20/15, revealed tenderness to palpation, decreased range of motion, and palpable trigger points in the cervical spine. The patient also has decreased sensation along C4, C6 and C7 dermatomes, as per progress report dated 03/18/15. MRI of the cervical spine, dated 07/09/14, revealed neural foraminal stenosis at C4-5 and neural foraminal narrowing at C5-6. Given the neurological symptoms, an EMG study may help/be beneficial at this stage for accurate diagnosis. Hence, this request IS medically necessary.

EMG/NCV of the Lower Extremity: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back-Lumbar & Thoracic (Acute & Chronic)' Chapter under 'Nerve conduction studies (NCS)'.

Decision rationale: The 56 year old patient complains of pain in the cervical spine radiating to the upper extremities, as per progress report dated 05/20/15. The request is for EMG/NCV OF THE LOWER EXTREMITY. The RFA for the case is dated 05/20/15, and the patient's date of injury is 11/21/12. The patient is status post right knee replacement with effusion and status post right knee aspiration of fluid on 05/20/15, as per progress report with the same date. Diagnoses included cervical sprain strain, multi-level disc disease from C4 through C7, lumbar strain, radiculitis of lower extremities, multilevel disc disease from L1-L5. The patient is temporarily totally disabled, as per the same progress report. ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected

radiculopathy." In this case, the request for EMG/NCV of lower extremities is noted in progress report dated 05/20/15. The patient has not undergone this test before and does suffer from lower back pain along with reduced range of motion, palpable trigger points, and decreased straight leg raise. He has been diagnosed with upper extremity radiculitis. MRI of the lumbar spine, dated 06/30/14, revealed herniated disc rupture at L1-2; disc bulges at L2-3, L3-4 and L4-5; and severe left and moderate right neural foraminal narrowing at L4-5. Given the symptoms, an EMG study may help be beneficial at this stage for accurate diagnosis. Hence, this request IS medically necessary.

Epidural steroid injections x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46,47.

Decision rationale: The 56 year old patient complains of pain in the cervical spine radiating to the upper extremities, as per progress report dated 05/20/15. The request is for EPIDURAL STEROID INJECTION X 3. The RFA for the case is dated 05/20/15, and the patient's date of injury is 11/21/12. The patient is status post right knee replacement with effusion and status post right knee aspiration of fluid on 05/20/15, as per progress report with the same date. Diagnoses included cervical sprain strain, multi-level disc disease from C4 through C7, lumbar strain, radiculitis of lower extremities, multilevel disc disease from L1-L5. The patient is temporarily totally disabled, as per the same progress report. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case, progress reports do not document prior ESI of the cervical spine. The patient suffers from chronic neck pain radiating to the upper extremities, as per progress report dated 05/20/15. MRI of the cervical spine, dated 07/09/14, revealed neural foraminal stenosis at C4-5 and neural foraminal narrowing at C5-6. The treater, however, does not document radiculopathy during physical examination, as required by MTUS. Also, the request is for #3 and the guidelines do not support "a 'series-of-three' injections in either the diagnostic or therapeutic phase." Additionally, MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Hence, the request IS NOT medically necessary.