

Case Number:	CM15-0117238		
Date Assigned:	06/25/2015	Date of Injury:	10/18/2012
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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 44 year old female, who sustained an industrial injury on 10/18/12. The injured worker was diagnosed as having cervicgia. Treatment to date has included medication. Physical examination findings on 4/24/15 included cervical paravertebral muscle tenderness with spasm and limited cervical range of motion. Currently, the injured worker complains of cervical spine pain that radiates to the upper extremities. Right upper extremity numbness was also noted. The treating physician requested authorization for physical therapy for the cervical spine 2x4, an electromyography/nerve conduction velocity study for bilateral upper extremities, a computed tomography scan of the cervical spine, and an elastic right wrist brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The 44 year old patient complains of neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities, as per progress report dated 04/09/15. The request is for physical therapy for the cervical spine 2x week x 4 weeks. The RFA for the case is dated 05/14/15, and the patient's date of injury is 10/18/12. The patient's neck pain is rated at 5/10 and the lower back pain is rated at 7/10, as per progress report dated 04/09/15. She also suffers from migraine headaches and has difficulty sleeping. Diagnoses included lumbago and cervicgia. The patient has been allowed to work with restrictions, as per the same progress report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the request for physical therapy is noted in progress reports dated 04/09/15 and 01/12/15. The patient suffers from neck pain, rated at 5/10. Given the patient's date of injury, it is reasonable to assume that the patient has had some physical therapy in the past. The progress reports, however, do not document the number of sessions completed in the past or their efficacy. The UR denial letter also does not indicate the number of sessions completed in the past. However, it states that "the patient has already had the recommended amount of physical therapy." It is not clear why the patient did not transition into a home exercise regimen yet. Given the lack of required documentation, the request is not medically necessary.

EMG/NCV, bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The 44 year old patient complains of neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities, as per progress report dated 04/09/15. The request is for EMG/NCV, bilateral upper extremities. The RFA for the case is dated 05/14/15, and the patient's date of injury is 10/18/12. The patient's neck pain is rated at 5/10 and the lower back pain is rated at 7/10, as per progress report dated 04/09/15. She also suffers from migraine headaches and has difficulty sleeping. Diagnoses included lumbago and cervicgia. The patient has been allowed to work with restrictions, 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 progress reports do not document prior EMG/NCV of the upper extremities. The patient suffers from neck pain that radiated

to bilateral upper extremities. The request for electrodiagnostic studies is noted in progress report dated 04/09/15. The Utilization Review has denied the request due to lack of documentation regarding conservative care and physical examination. Although the treater does not document any neurological deficit, the patient does suffer from radiating pain. EMG/NCV may help the treater diagnose the patient's condition effectively. Hence, the request is reasonable and is medically necessary.

CT scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand 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 - Neck and Upper Back (Acute & Chronic), chapter, under CT (computed tomography).

Decision rationale: The 44 year old patient complains of neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities, as per progress report dated 04/09/15. The request is for CT scan of the cervical spine. The RFA for the case is dated 05/14/15, and the patient's date of injury is 10/18/12. The patient's neck pain is rated at 5/10 and the lower back pain is rated at 7/10, as per progress report dated 04/09/15. She also suffers from migraine headaches and has difficulty sleeping. Diagnoses included lumbago and cervicalgia. The patient has been allowed to work with restrictions, as per the same progress report. ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) state that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." In this case, the progress reports do not document prior CT scan of the cervical spine. The purpose of the request, noted in progress report dated 06/09/15, is to rule out pseudoarthritis. The patient suffers from neck pain radiating to bilateral upper extremities along with limited range of motion. An MRI of the cervical spine, dated 01/02/13, revealed straightening of cervical spine with mild disc disease from C4 to C6, mild bilateral foraminal narrowing at C5-6, and mild-to-moderate disc height reduction and left foraminal narrowing at C6-7. ODG guidelines support the use of CT scans only in patients who have contraindication for MRIs. Additionally, there is no documentation of neurologic deficit during physical examination. Hence, the request is not medically necessary.

Elastic right wrist brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The 44 year old patient complains of neck pain radiating to the upper extremities and lower back pain radiating to the lower extremities, as per progress report dated 04/09/15. The request is for elastic right wrist brace for purchase. The RFA for the case is dated 05/14/15, and the patient's date of injury is 10/18/12. The patient's neck pain is rated at 5/10 and the lower back pain is rated at 7/10, as per progress report dated 04/09/15. She also suffers from migraine headaches and has difficulty sleeping. Diagnoses included lumbago and cervicalgia. The patient has been allowed to work with restrictions, as per the same progress report. The ACOEM Guidelines page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." In this case, the request for right wrist brace is noted in progress report dated 04/09/15. The progress reports, however, do not document any wrist conditions or wrist pain. The treater mentions guidelines related to use of wrist braces but does not discuss how it will benefit the patient. ACOEM guidelines allow for use of braces in patients with carpal tunnel syndrome. However, there is no such diagnosis in this case. There is no indication of instability as well. Hence, the request for right wrist brace is not medically necessary.