

Case Number:	CM15-0129310		
Date Assigned:	08/10/2015	Date of Injury:	11/24/2014
Decision Date:	09/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of November 24, 2014. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the bilateral lower extremities and an interventional pain management consultation with the option of an epidural steroid injection at C5-C6. The claims administrator referenced a June 2, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 2, 2015, Flexeril, Xanax, Protonix, naproxen, Cymbalta, electrodiagnostic testing of bilateral lower extremities, and an interventional pain management consultation with an optional cervical epidural steroid injection were proposed. In an associated progress note of May 12, 2015, the applicant reported multifocal complaints of neck, mid back, low back, and bilateral shoulder pain, 6-7/10, with derivative complaints of depression and anxiety. The note was very difficult to follow and highly templated. The claimant was apparently using Cymbalta, naproxen, Protonix, and Flexeril for pain relief. The claimant had developed derivative complaints of depression and had been off work for several months, it was reported. A neurologic consultation, further physical therapy, and electrodiagnostic testing of the bilateral lower extremities were sought. The attending provider posited that the applicant had had electrodiagnostic of the bilateral upper extremities establishing a diagnosis of multi-level cervical radiculopathy with evidence of a disk protrusion at C5-C6. A pain management consultation with possible cervical epidural steroid injection was proposed. The attending

provider did least lumbar radiculopathy as one of the diagnoses, noting that the applicant had had a disk protrusion appreciated at the L5 level. Xanax was endorsed at the bottom of the report. It was not clearly stated whether the applicant had or had not received previous epidural steroid injection therapy or not. On June 30, 2015, the attending provider reiterated his request for various medications and extracorporeal shock wave therapy. On July 21, 2015, the attending provider reiterated his request for cervical epidural steroid injection, psychiatric consultation, and shoulder extracorporeal shock wave therapy. Multiple medications were renewed while the claimant was seemingly kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Chronic Pain, pg. 848 4.

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant did, in fact, carry a diagnosis of clinically obvious radiculopathy, the treating provider reported on May 12, 2015. The applicant was described as having disk protrusion at L5, which was reportedly associated with the applicant's ongoing lumbar radicular pain complaints. Lumbar radiculopathy was listed as one of the stated diagnoses. The applicant is clinically evident; radio graphically confirmed lumbar radiculopathy, thus, effectively obviated the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is deemed "not recommended" without some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's having a tarsal tunnel syndrome, generalized compressive neuropathy, entrapment neuropathy, etc. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction testing is recommended when there is suspicion of a peripheral systemic neuropathy, here, however, there was no clearly stated or clearly voiced suspicion of a generalized peripheral neuropathy, diabetic neuropathy, etc., present here. Again, lumbar radiculopathy was by all accounts, the sole item on the differential diagnosis list. Therefore, the request was not medically necessary.

Interventional Pain Management Consult with Option of Epidural Injection at C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction; Epidural steroid injections (ESIs) Page(s): 1; 46.

Decision rationale: Yes, the request for an interventional pain management consultation with the option of an epidural steroid injection at C5-C6 was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the physician to reconsider the operating diagnosis to determine a specialist evaluation is necessary. Here, the applicant was off work, it was reported on May 12, 2015 and on July 21, 2015. The applicant's pain complaints had proven recalcitrant to time, medications, physical therapy, etc. Moving forward with a consultation with practitioner in another facility, such as pain management was, thus, indicated, given the applicant's suboptimal response to earlier conservative treatment. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection therapy as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the attending provider maintained on several dates, including on May 12, 2015, that the applicant in fact had an electrodiagnostically-confirmed cervical radiculopathy. Moving forward with the interventional pain management consultation and associated optional epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.