

Case Number:	CM15-0178614		
Date Assigned:	09/18/2015	Date of Injury:	05/13/2002
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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 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:

This is a 56 year old male with a date of injury on 5-13-2002. A review of the medical records indicates that the injured worker is undergoing treatment for head trauma, cervical intervertebral disk (IVD) displacement with stenosis, left greater than right upper extremity radiculopathy, lumbar intervertebral disk (IVD) displacement without myelopathy and right greater than left lower extremity radiculopathy. According to the Doctor's First Report of Occupational Injury or Illness dated 8-18-2015, the injured worker complained of neck pain radiating into both upper extremities, causing tingling in both arms and numbness in both hands. He rated his symptoms nine out of ten. He complained of pain in both shoulders. He also complained of low back pain that radiated into both lower extremities rated eight out of ten. Per the treating physician (8-18-2015), the employee was not working. The physical exam (8-18-2015) revealed spasms of the cervical paraspinal musculature. There was loss of sensation in the C5-C6 nerve distribution bilaterally. Lumbar spine range of motion was restricted and painful. Straight leg raise was positive bilaterally. There was loss of sensation in the L4-L5 nerve distribution on the right. Treatment has included physical therapy, acupuncture, shockwave therapy and medications. The injured worker underwent electromyography (EMG)-nerve conduction velocity (NCV) of the cervical spine and upper extremities on 10-4-2014. He underwent magnetic resonance imaging (MRI) of the cervical spine on 5-14-2015. The request for authorization dated 8-17-2015 was for updated magnetic resonance imaging (MRI) studies, updated electromyography (EMG)-nerve conduction velocity (NCV) studies, acupuncture and a transcutaneous electrical nerve stimulation (TENS) unit. The original Utilization Review (UR) (8-26-2015) denied requests for magnetic resonance imaging (MRI) of the cervical spine and lumbar spine, nerve conduction velocity (NCV)-electromyography (EMG) of the bilateral upper and lower extremities and a transcutaneous electrical nerve stimulation (TENS) unit. Utilization Review modified a request for acupuncture from 10 sessions to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends spine x-rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of chronic radicular neck pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI of the cervical spine is not medically necessary by MTUS.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends Lumbar spine x-rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of chronic radicular low back pain. Documentation fails to show new objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. There is also lack of Physician report indicating that surgery is being considered. The request for MRI study of lumbar spine is not medically necessary per MTUS.

NCV/EMG of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Carpal Tunnel Chapters, Electrodiagnostic studies (EDS), Electromyography (EMG).

Decision rationale: MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker has ongoing complains of radicular neck pain and clinical signs of cervical radiculopathy. With radiculopathy already present, the medical necessity of EMG/NCV has not been established. The request for NCV/EMG of the upper extremities is not medically necessary per guidelines.

NCV/EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Per guidelines, EMG and NCS are not necessary if radiculopathy is already clinically obvious. Documentation indicates that the injured worker complains of chronic radicular low back pain. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicted. With Radiculopathy already present and clinically obvious, the request for NCV/EMG of the lower extremities is not medically necessary by MTUS.

10 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation shows that the injured worker complains of chronic neck and low back pain managed to date with multiple treatment modalities, including physical therapy, acupuncture. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant improvement in physical function or exceptional factors, medical necessity for

additional acupuncture has not been established. Per guidelines, the request for 10 sessions of acupuncture is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should also be submitted. Documentation provided does not indicate a specific functional restoration program is being recommended in conjunction to the use of TENS unit. The request for TENS unit is not medically necessary by MTUS.