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| Case Number: | CM15-0076226 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 08/15/2013 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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 43 year old male with an industrial injury dated August 15, 2013. The injured worker's diagnoses include myofascial sprain/strain of the cervical spine with degenerative disc disease, cervical radiculopathy, myofascial sprain/strain of the lumbosacral spine with degenerative disc disease and lumbar radiculopathy, and left ankle and foot sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/10/2015, the injured worker reported neck pain and lower back pain radiating down into the left ankle and foot. The injured worker rated pain a 2/10. Objective findings revealed decreased lordosis, painful cervical range of motion, and tenderness over the cervical spine and paraspinal muscle from C5-C7 with minimal stiffness and spasm. Objective findings also revealed tenderness over lumbosacral spine and paraspinal muscles, decreased muscle strength in the left ulnar distribution, decrease deep tendon reflexes, and painful restricted range of motion in the left ankle. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine and cervical spine to rule out herniated nucleus pulposus, transcutaneous electrical nerve stimulation (TENS) unit for purchase, electromyography (EMG) and nerve conduction velocity (NCV) of the left upper extremity and bilateral lower extremities to rule out radiculopathy versus neuropathy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for MRI of the lumbar spine without contrast. RFA is not provided. Per 03/10/15 progress report, there is tenderness over lumbosacral spine and paraspinal muscles. The range of lumbar motion is within normal limits. Straight leg raising test is negative. MRI of the lumbar spine from 02/05/15 shows 1) degenerative disc disease with retrolisthesis at L5-S1, 2) neural foraminal narrowing includes L4-5 and L5-S1, 3) there is contact of the S1 nerve root. Work status is unknown. Regarding repeat MRI study, ODG under Lower back Chapter, MRIs (magnetic resonance imaging) states, is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation.) In this case, the treater requested an MRI of the lumbar spine "to rule out herniated nucleus pulposus." The patient just had an MRI of the lumbar spine on 02/05/15. The current request is from 04/07/15 and it is possible that the treater is not aware of the MRI just performed two months prior. There has been no intervening new injury, or red flags to warrant another set of MRI's. The request for repeat MRI is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for purchase of tens unit. The RFA is not provided. Work status is unknown. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, none of the reports discuss TENS. It is unknown whether the patient has had TENS in the past. There is no documentation in any of the reports showing how TENS was used and with what effectiveness. MTUS require documentation of use and efficacy before a

TENS unit is allowed for a home use. A one month home trial of the unit may be more appropriate but not a purchase. Given the lack of documentation, the request is not medically necessary.

Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 236. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter - EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for EMG/NCV of left upper extremity. Per 03/10/15 progress report, there is tenderness over the cervical spine and paraspinal muscle from C5-C7 with minimal stiffness and spasm. Range of cervical motion is within normal limits. Spurling's and Adson's signs are negative. The patient's muscle strength is 5/5 in both upper extremity. One of the diagnoses is cervical radiculopathy. QME recommended EMG/NCV of left upper extremity. The RFA is not provided. Work status is unknown. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." In this case, the treater requested for EMG/NCV of left upper extremity "to rule out radiculopathy versus neuropathy." The patient has had EMG/NCV of the left upper extremity on 02/12/15, showing "Normal study. No evidence of cubital tunnel syndrome, CTS, brachial plexopathy or cervical radiculopathy." The current request is from 04/07/15 and it is possible that the treater is not aware of the EMG/NCV just performed two months prior. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.

MRI without contrast of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG, Neck and Upper Back - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for MRI of the cervical spine without contrast. RFA is not provided. Per 03/10/15 progress report, there is tenderness over the cervical spine and paraspinal muscle from C5-C7 with minimal stiffness and spasm. Range of cervical motion is within normal limits. Spurling's and Adson's signs are negative. The patient's muscle strength is 5/5 in both upper extremity and decreased sensation in the left ulnar distribution. One of the diagnoses is cervical radiculopathy. QME recommended MRI of the cervical spine. Work status is unknown. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater requested an MRI of the cervical spine "to rule out herniated nucleus pulposus." Review of the reports do not show that the patient has had an MRI of the C-spine. The patient does present with radicular symptoms, a neurologic symptom for which ODG guidelines support an MRI. The request is medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back Chapter - EMG/NCV.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies & EMG Studies.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for EMG/NCV of bilateral lower extremities. Per 03/10/15 progress report, there is tenderness over the lumbosacral spine and paraspinal muscles. Range of lumbar motion is within normal limits. Straight leg raising, Faber, Patrick-extension and Gaenslen's test are negative. The patient's muscle strength is 5/5 in both lower extremity and decreased sensation in the left ulnar distribution. One of the diagnoses is cervical radiculopathy. QME recommended EMG/NCV of bilateral lower extremities. The RFA is not provided. Work status is unknown. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, the treater requested for EMG/NCV of bilateral lower

extremities "to rule out radiculopathy versus neuropathy." The patient has had EMG/NCV of bilateral lower extremities on 02/12/15, showing "no evidence of active lumbar radiculopathy or muscle denervation in the left leg , but mild chronic L4-5 radiculopathy can not be rule out." The current request is from 04/07/15 and it is possible that the treater is not aware of the EMG/NCV just performed two months prior. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.