

<b>Case Number:</b>	CM15-0108581		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Montana

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 injured worker is a 50-year-old male, who sustained an industrial injury on July 15, 2010. The injured worker was diagnosed as having cervical, thoracic and lumbar sprain/strain, lumbosacral intervertebral disc displacement, tendinitis and depression and anxiety. Treatment to date has included medication and some physical therapy. A progress note dated 4/15/15 documents complaint of neck and back pain radiating to the legs. He reports being very depressed due to pain. He also reports medication helps. Physical examination noted lumbar spasm and decreased sensation in the lower extremities. The plan includes magnetic resonance imaging (MRI) of the cervical spine, electromyogram and nerve conduction studies of the lower extremities, psychological and orthopedic specialty evaluations, and 6 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI - cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**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 (ODG) Neck, MRI.

**Decision rationale:** The MTUS in the ACOEM guidelines states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag condition, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to invasive procedures. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for 4-6 weeks or more, when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The ODG Guidelines note that cervical MRI is not recommended except for indications listed below. In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. 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. Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. In this case the medical records do not provide report of initial radiographic imaging. The recent clinical evaluations do not show that the injured worker has severe or progressive neuropathy. The request for magnetic resonance imaging of the cervical spine is not consistent with the MTUS and ODG guidelines and is not medically necessary.

**EMG - right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS 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, Electromyography.

**Decision rationale:** The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the medical records document low back pain with orthopedic notes on 12/4/14 and 12/18/14 noting that there are no radicular complaints and normal leg strength. The treating physician's note of 4/15/15 documents complaint of low back pain radiating to both legs but there is no description of dermatomal pattern for the radicular complaints and no indication of how long those symptoms have been present. There is no documentation of 1 month of conservative treatment related to the leg complaints. No lumbar imaging studies are documented. The request for EMG study of the right lower extremity does not appear to be consistent with the MTUS and ODG guidelines and is not medically necessary.

**EMG - left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS 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, Electromyography.

**Decision rationale:** The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the medical records document low back pain with orthopedic notes on 12/4/14 and 12/18/14 noting that there are no radicular complaints and normal leg strength. The treating physician's note of 4/15/15 documents complaint of low back pain radiating to both legs but there is no description of dermatomal pattern for the radicular complaints and no indication of how long those symptoms have been present. There is no documentation of 1 month of conservative treatment related to the leg complaints. No lumbar imaging studies are documented. The request for EMG study of the left lower extremity does not appear to be consistent with the MTUS and ODG guidelines and is not medically necessary.

**NCV - right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS 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, Electrodiagnostic studies and nerve conduction studies.

**Decision rationale:** The MTUS does address electromyography but not nerve conduction velocities. The ODG guidelines do not recommend nerve conduction studies. 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 and, as such, nerve conduction studies are not indicated. In this case the injured worker has low back pain radiating to the legs but no imaging studies or conservative treatment is documented for these complaints. The request for nerve conduction velocities (NCV) for the right lower extremity is not supported by the MTUS and ODG guidelines and is not medically necessary.

**NCV - left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS 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, Electrodiagnostic studies and nerve conduction studies.

**Decision rationale:** The MTUS does address electromyography but not nerve conduction velocities. The ODG guidelines do not recommend nerve conduction studies. 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 and, as such, nerve conduction studies are not indicated. In this case, the injured worker has low back pain radiating to the legs but no imaging studies or conservative treatment is documented for these complaints. The request for nerve conduction velocities (NCV) for the left lower extremity is not supported by the MTUS and ODG guidelines and is not medically necessary.

**Specialty evaluation by psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician does not provide mental health care within the scope of care provided. Referral to a psychologist for evaluation and treatment of depression is medically necessary.

**Specialty evaluation by orthopedist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines for Independent Medical Examinations and Consultations recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. In this case the primary treating physician is requesting the additional expertise of an orthopedic consultant beyond the scope of care he is able to provide. The records provided document care by an orthopedic specialist for the injured worker's low back complaints on 12/4/14 and 12/18/14. No rationale is provided for an additional orthopedic referral. Referral to an orthopedic specialist is not medically necessary.

**Acupuncture therapy - 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, acupuncture; Low Back, acupuncture; Pain, acupuncture.

**Decision rationale:** The MTUS, in the ACOEM guidelines, states that invasive techniques such as acupuncture have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. For low back pain, the AOEM guidelines state that acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success. The Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3-6 treatments. The ODG guidelines state acupuncture is not recommended for acute low back pain but is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. ODG Acupuncture Guidelines call for an Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. ) In this case a physical therapy note indicates that there was previous acupuncture treatment however, no records are provided for prior treatment and there is no indication of improvement related to those treatments. The records do not specify which area of the back is to be treated. With no evidence for functional improvement related to prior acupuncture treatment, the request for 6 acupuncture visits is not medically necessary.