

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 4/28/2001. This patient is a 50-year-old man. His diagnoses include lumbar spine disc bulge/rupture, cervical disc bulges, thoracic sprain, right shoulder sprain, and status post left shoulder surgery. The patient has reported ongoing cervical pain and has also had some lower extremity pain with decreased light touch in the left anterior-mid thigh, mid lateral calf, and left lateral ankle.

An initial physician review noted that there were no findings of upper extremity neurological dysfunction to suggest an indication for electrodiagnostic studies. That review indicated that epidural injections were not supported given that an EMG showed a radiculopathy, although the patient did not clearly have consistent dermatomal symptoms. Initial physician reviewer concluded that a power mobility device was not indicated since there was evidence of mobility with a cane. The physician reviewer additionally noted that a gym membership was not indicated as this was not consistent with the treatment guidelines.

IMR DECISION(S) AND RATIONALE(S)

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

1. EMG of the upper extremities is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 8, page 178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 8, Neck, page 178 states “Electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3-4 weeks.” Implicit in this guideline is a differential diagnosis to be evaluated through electrodiagnostic studies. Particularly in a patient with multifocal symptoms such as this, without a specific differential diagnosis to consider, there would be a significant risk of false positive findings from an electrodiagnostic study. Overall, the records and guidelines do not support this request. This request is not medically necessary.

2. Lumbar epidural injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 46, which is part of the MTUS.

The Physician Reviewer’s decision rationale:

The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states “Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” The physical examination findings and electrodiagnostic findings are equivocal. It is not clear that this patient’s symptoms correlated with a particular nerve root level, but rather this patient appears to have multifocal or generalized findings. This request is not medically necessary.

3. Scooter is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee, Power Mobility Devices.

The Physician Reviewer’s decision rationale:

This request is not specifically covered by California Guidelines. Official Disability Guidelines/Treatment in Workers Compensation/Knee states regarding powered mobility devices “Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair.” The records indicate that this patient can use a manual gait aid. The rationale for a scooter is not apparent and this request is not supported by the guidelines. This request is not medically necessary.

4. Gym membership is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back, Exercise.

The Physician Reviewer's decision rationale:

Official Disability Guidelines/Treatment in Workers Compensation/Low Back states regarding exercise "While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health care professional, such as gym memberships, or advanced home exercise equipment, may not be covered under this guidelines." The guidelines therefore do not support a gym membership as requested. The medical records do not provide an alternate rationale for an exception to this guideline. This request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]