

Case Number:	CM13-0032929		
Date Assigned:	12/06/2013	Date of Injury:	08/05/1999
Decision Date:	02/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who reported a work-related injury on 08/05/1999 as the result of strain to the lumbar spine, cervical spine, and right shoulder. The patient presents for treatment of the following diagnoses: right thoracic outlet syndrome, probable adhesive capsulitis right shoulder, associated right piriformis syndrome, right shoulder internal derangement status post rotator cuff repair times 2, status post cervical laser discectomy and multilevel lumbar spondylosis with lumbar spinal stenosis. The clinical note dated 10/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has been able to decrease utilization of OxyContin as is now utilizing it as needed for breakthrough pain. The provider documents the patient is pending pool therapy, which has been beneficial in the past. The provider documents the patient's gait remains slightly guarded; right trapezius hypertonicity and tenderness were noted upon exam. There was positive axial head compression. The provider documented the patient had back and right buttock tenderness. The provider documented OxyContin 15 mg twice a day was discontinued, the patient was to trial Nucynta 75 mg 1 tab by mouth up to twice a day as needed for breakthrough pain. In addition, the patient utilizes Wellbutrin. The provider documented home walking and exercise program was discussed and the patient was recommended to utilize physiotherapy of the lumbar spine 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyogram (EMG) of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient continues to present with any neurological, motor, or sensory deficits upon exam status post a work-related injury sustained in 1999. The clinical documentation submitted for review actually reported the patient was improving with her chronic pain condition. The California MTUS/ACOEM indicates electromyography including H-reflex tests may be utilized to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. However, the clinical notes failed to document the patient's course of diagnostic/imaging studies of the lumbar spine to support the requested interventions at this point in the patient's treatment. Given all the above, the request for EMG of lower extremities is neither medically necessary nor appropriate.

nerve conduction velocity (NCV) of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The current request is not supported. The clinical notes failed to evidence the patient continues to present with any neurological, motor, or sensory deficits upon exam status post a work-related injury sustained in 1999. The clinical documentation submitted for review actually reported the patient was improving with her chronic pain condition. The California MTUS/ACOEM indicates electromyography including H-reflex tests may be utilized to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. However, the clinical notes failed to document the patient's course of diagnostic/imaging studies of the lumbar spine to support the requested interventions at this point in the patient's treatment. Given all the above, the request for NCV of lower extremities is neither medically necessary nor appropriate.

X-ray: flex and extension views of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 33. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The current request is not supported. The most recent clinical documentation submitted for review of this patient failed to evidence significant objective findings of symptomatology to support diagnostic studies at this point in the patient's treatment. The provider actually documented the patient's condition was improving. The clinical notes failed to document any significant red flag findings indicative of further imaging of the patient's lumbar spine. Furthermore, it is unclear when the patient last underwent imaging studies of the lumbar spine. The California MTUS/ACOEM indicates additional studies may be considered to further define problem areas. However, again given the lack of red flag findings with no evidence of recent motor, neurological, or sensory deficits noted in the clinical documents reviewed, the request for X-ray: flex and extension views of lumbar spine is neither medically necessary nor appropriate.