

Case Number:	CM13-0033190		
Date Assigned:	02/20/2014	Date of Injury:	03/08/2013
Decision Date:	04/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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/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 39-year-old male who reported an injury on 3/8/13. The mechanism of injury was cumulative trauma injury to his neck, shoulder, middle and low back during the course of his employment as a warehouse laborer. The clinical record dated 3/15/13 stated that the patient complained of pain to his neck, shoulders, middle and lower back. The patient complains of intermittent neck pain that increases when turning his head from side to side, flexing and extending the head and neck, reaching, or lifting and with prolonged sitting and standing. He rates his pain at 6/10. The patient complained of intermittent right shoulder pain. He stated that rotation, torquing motions, reaching overhead, lifting, carrying, pushing and pulling exacerbates the pain. The patient rated his pain level of his shoulder at 6/10. The patient complained of frequent middle and low back pain that rarely radiates to his left buttocks. He complained the pain increased with prolonged standing, twisting, walking, lifting, bending, stooping, and squatting. The patient rated his low back pain at 8/10. Upon examination to the cervical spine, the patient was noted to have tenderness and spasm bilaterally over the paraspinals, suboccipital, and upper trapezius. There is also tenderness noted bilaterally over the scalene and the sternocleidomastoid muscle. The thoracic spine examination noted tenderness and spasms bilaterally over the paraspinals. The lumbar spine examination noted tenderness and spasm bilaterally over the paraspinals and the quadratus lumborum. Tenderness is also noted over the sacroiliac joint. There is midline tenderness to palpation at L4-5. The extension rotation test is positive. Shoulder examination noted tenderness and spasm over the right upper trapezius. Also, there was tenderness over the right pectorals, rhomboid, rotator cuff, bicipital groove, and the acromioclavicular joint. There was a positive impingement test to the right shoulder. There was a positive apprehension test to the right side and positive crepitus test to the right side. Medications

listed include Diclofenac 20% cream, amitriptyline 4%/Dextromethorphan 20%/Tramadol 5%, Tramadol ER 150mg, naproxen sodium 550mg, Cyclobenzaprine 7.5mg, and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM recommends that 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. If there was been no improvement in symptoms after one month, electrodiagnostic testing is recommended. The documentation provided did give evidence of conservative care. The patient has been treated with medications and physical therapy. The patient has had back pain for over a year. An electrodiagnostic study would be supported at this time to establish an appropriate diagnosis and to formulate a treatment plan. Therefore, the recommendation is certified.

EMG OF THE LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310;. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The California MTUS/ACOEM recommends that 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. If there was been no improvement in symptoms after one month, electrodiagnostic testing is recommended. The documentation provided did give evidence of conservative care. The patient has been treated with medications and physical therapy. The patient has had back pain for over a year. An electrodiagnostic study would be supported at this time to establish an appropriate diagnosis and to formulate a treatment plan. Therefore, the recommendation is certified.

NCV OF THE LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305..

Decision rationale: The California MTUS/ACOEM recommends that NCV may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. If there was been no improvement in symptoms after one month, NCV is recommended. The documentation provided did give evidence of conservative care. The patient has been treated with medications and physical therapy. The patient has had back pain for over a year. NCV would be supported at this time to establish an appropriate diagnosis and to formulate a treatment plan. Therefore, the recommendation is certified

NCV OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305..

Decision rationale: The California MTUS/ACOEM recommends that NCV may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. If there was been no improvement in symptoms after one month, NCV is recommended. The documentation provided did give evidence of conservative care. The patient has been treated with medications and physical therapy. The patient has had back pain for over a year. NCV would be supported at this time to establish an appropriate diagnosis and to formulate a treatment plan. Therefore, the recommendation is certified.