

Case Number:	CM13-0033281		
Date Assigned:	12/06/2013	Date of Injury:	03/22/2002
Decision Date:	02/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 56-year-old male who reported a work related injury on 03/22/2002. The patient's diagnosis is listed as spinal cord injury NOS. Subjective complaints include neck pain, lower backache, and bilateral leg weakness. The patient reported his pain medication regimen was working well to control pain. Motor strength of the patient's lower extremities is 4/5 with light touch sensation decreased over bilateral lower extremities. Request has been made for bilateral lower extremities electromyogram(EMG) and nerve conduction study (NCS) and a psych consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremities electromyogram (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography).

Decision rationale: The California Medical Treatment Guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are

sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation stated an EMG/NCS was ordered to assess for bilateral leg weakness. The Official Disability Guidelines (ODG) indicate electromyograms (EMGs) may be useful to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy. The guidelines further state EMGs are not necessary if radiculopathy is already clinically obvious. Recent clinical documentation noted the patient had decreased strength, motor reflexes and sensations to the bilateral lower extremities. There was no evidence given the patient had undergone conservative treatment to include recent physical therapy or exercise. Given the above, the decision for bilateral lower extremities electromyogram (EMG) is non-certified.

Bilateral lower extremities Nerve conduction study (NCS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography).

Decision rationale: The California Medical Treatment Guidelines state for patients who do not respond to treatment and who would consider surgery an option, unequivocal objective findings on the neurologic examination are sufficient evidence to warrant imaging in patients. There was no evidence given the patient had undergone recent conservative treatment to include physical therapy or exercises. The Official Disability Guidelines (ODG) indicate nerve conduction studies are not recommended and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The guidelines further state in the management of spine trauma with radicular symptoms, there is limited evidence to support the use of often uncomfortable and costly electromyogram/nerve conduction study (EMG/NCS). Therefore, the decision for bilateral lower extremities nerve conduction studies (NCS) is non-certified.

Psych consultation to address current coping skills and depressed mood related to chronic pain and decreased function: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Recent clinical documentation noted the patient would be referred to a psychologist. It was noted the patient's mood continued to be diminished and Cymbalta did help. It is unknown based on the submitted documentation whether the patient has undergone prior psychological assessment. There is a lack of documentation noting the rationale for the psychologist consultation. There were no subjective or objective findings noting the patient's

current coping skills and depressed mood. The California Medical Treatment Guidelines for chronic pain indicate psychosocial evaluation should determine if further psychosocial interventions are indicated. It is unknown if the patient had prior psychosocial evaluations per the clinical documentation submitted. Therefore, the decision for psych consultation is non-certified.