

Case Number:	CM13-0043226		
Date Assigned:	12/27/2013	Date of Injury:	07/01/1991
Decision Date:	04/24/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic neck, low back, and mid back pain associated with an industrial injury of July 1, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior cervical and thoracic spine surgeries; carpal tunnel release surgery in September 2011; and total knee arthroplasty. The applicant has reportedly alleged a number of derivative issues, including obstructive sleep apnea. A clinical progress note of October 7, 2013, is notable for comments that the applicant reports persistent low back pain radiating to the bilateral lower extremities. She is having difficulty walking lengthy amounts of time. The applicant has some minimal weakness about the legs with majority of muscle strength scored at 5/5. The applicant has retired from her former employment. She is asked to pursue a sacroiliac joint injection and obtain electrodiagnostic testing of the lower extremities as her symptoms have worsened about the legs. X-rays are endorsed to assess the integrity of the applicant's earlier lumbar fusion. X-rays of October 8, 2013 are notable for evidence of extensive thoracic and lumbar laminectomies and fusion without evidence of a hardware complication. The applicant did undergo sacroiliac joint injection on November 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, do state that EMG testing to clarify the diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively before epidural steroid injection is recommended. In this case, however, all of the applicant's symptoms seemingly pertain to the lumbar spine and lower extremities. There is little or no mention made of issues associated with the cervical spine and/or upper extremities evident on any recent progress note provided. In fact, in the most recent progress note, referenced above, the attending provider stated that he was seeking electrodiagnostic testing of the lumbar spine and lower extremities, given the applicant's heightened lower extremity radicular complaints. Therefore, the request for electrodiagnostic testing of the bilateral upper extremities is not certified on the grounds that applicant does not seemingly have heightened radicular complaints pertaining to the same. Accordingly, the original utilization review decision is upheld. The request remains noncertified.