

Case Number:	CM13-0044454		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2013
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurological 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 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 injured worker is a right handed 44-year-old with type 2 diabetes who had a date of injury of September 9, 2013. An initial neurological and pain management evaluation report dated October 11, 2013 is provided for review indicating a complaint of right sided low back pain, paresthasias of the right leg, pain in the right shoulder, and pain and numbness in the bilateral hands. The record indicates that during the course of treatment the claimant has received an MRI of the right hip and x-rays of the low back. The claimant reports that the pain affects concentration and sleep cycle. Additionally, ADLs are impaired. Past medical history is significant for hypertension since 1999 and type II diabetes since 2007. Kidney problems are reported since 2011. Current medications include Metformin, Glipizide, Atenolol, Cozier, and pain medication. The claimant smokes a half pack of cigarettes daily. Physical examination reveals a 5 foot 3 inch tall individual weighing 150 pounds. Cervical spine range of motion is decreased. Lumbar spine range of motion is decreased. Provocative shoulder testing is negative. Waddell's signs are negative. Heel-toe gait is impaired on the right. Sensation is decreased to the plantar and dorsal surface of the right foot in the right calf. Sensation is also decreased in the right thumb and the right index finger. Motor strength is intact to the upper and lower extremities. Final Determination Letter for IMR Case Number CM13-0044454 3 and deep tendon reflexes were normal bilaterally with a down sloping plantar response. The diagnoses include: chronic myofascial pain syndrome, thoracolumbar spine; right leg pain and numbness; bilateral hand pain and numbness; and right shoulder sprain. Treatment recommendations are for EMG/NCV study for evaluation of pain and numbness in the bilateral hands "probably due to carpal tunnel syndrome". Also for evaluation of pain and numbness in the right lower extremity "due to diabetic plexopathy versus lumbosacral radiculopathy". Additional recommendations include Naproxen, Cyclobenzaprine, home muscle stretching exercises, aquatic therapy exercises to be

performed at a gym or ██████, and deep breathing type of meditation as a relaxation technique (a CD by the requesting healthcare provider on meditation is recommended). Follow-up is recommended in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG STUDY(B) HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The medical record indicates the claimant has intermittent pain and numbness of the bilateral hands with loss of sensation in the median distribution. There is no documentation of specific nerve compression tests on examination, and the history of present illness does not reference any hallmark symptoms. If a clinical diagnosis of carpal tunnel syndrome exists, the guidelines do not recommend EMG/NCV studies for diagnosis prior to initiation of conservative intervention. The recommendation is for individuals who have failed to respond to conservative treatment, or where imaging studies are not supportive of signs and symptoms. Based on the clinical record available for review, a clinical indication does not exist for electrodiagnostic studies of the bilateral wrists in the absence of initiation of conservative intervention. Therefore, this request is not medically necessary at this time.

EMG STUDY OF (R) LEG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 12-8.

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

Decision rationale: The medical record indicates that a right lower extremity EMG/NCV study is necessary due to a concern for diabetic plexopathy or lumbar radiculopathy. There is essentially no back exam documented. Diffuse sensory loss is reported to the right foot and calf. There is no abnormality on motor or reflex examination. Additionally, conservative treatment has not been initiated. In the absence of documentation of persistent symptoms after 3-4 weeks, despite initiation of first-line treatment modalities, a clinical indication does not exist for EMG or NCV studies of the right lower extremity at this time. Therefore, this request is not medically necessary at this time.

NCV STUDY OF (R) LEG: Upheld

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

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

Decision rationale: The medical record indicates that a right lower extremity EMG/NCV study is necessary due to a concern for diabetic plexopathy or lumbar radiculopathy. There is essentially no back exam documented. Diffuse sensory loss is reported to the right foot and calf. There is no abnormality on motor or reflex examination. Additionally, conservative treatment has not been initiated. In the absence of documentation of persistent symptoms after 3-4 weeks, despite initiation of first-line treatment modalities, a clinical indication does not exist for EMG or NCV studies of the right lower extremity at this time. Therefore, this request is not medically necessary at this time.

AQUATIC THERAPY DAILY AT GYM OR [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Tables 8-5, 9-3, 11-4 & 12-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The guidelines support aquatic therapy as a form of physical therapy in select clinical settings where land therapy is not tolerable. When provided in a gym environment, this activity would be unsupervised; and therefore not clinically indicated. If necessary as a form of physical therapy, documentation of the purpose for which aquatic therapy is required over land-based therapy would need to be noted. When noting that the record provides no indication that the claimant has been provided any physical therapy, and no indication of a need to avoid land-based therapy (i.e. morbid obesity), a clinical indication does not exist for formal aquatic therapy, or unsupervised aquatic therapy at a gym.

DEEP BREATHING TYPE MEDITATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90.

Decision rationale: The medical record provides no documentation of a diagnosis of anxiety or depression. The only guideline supported reference to meditation in ACOEM, CA MTUS, or ODG is the reference of meditation being considered to improve the efficacy in opioid therapy. The medical record notes that a recommendation was made for the purchase of a specific meditation CD by [REDACTED] and there is no evidence based support for this CD or this therapy. There is no guideline support for the use of this therapy as noted in the medical record for any of the reported diagnoses.