

Case Number:	CM13-0055769		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2007
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39-year-old female who reported an injury on 03/22/2007. The mechanism of injury was not stated. The injured worker is currently diagnosed with chronic lower back pain, cervical spine radiculopathy, and status post cervical spine fusion. The injured worker was seen by [REDACTED] on 10/22/2013. The injured worker was 2 years status post cervical spine surgery. The injured worker reported ongoing neck, left upper extremity and shoulder pain with numbness and spasm. The injured worker also reported low back pain with radiation to the left lower extremity. It is noted that the injured worker underwent a cervical spine discogram prior to cervical spine surgery. The injured worker also underwent a discogram of the lumbar spine, which indicated positive findings at L4-5. Physical examination was not provided. Treatment recommendations included a repeat discogram from C4-7 and L3-S1 as well as repeat electrodiagnostic studies of bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISKOGRAM L3-S1: Upheld

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: California MTUS/ACOEM Practice Guidelines state despite the lack of strong medical evidence supporting discography, it should be reserved only for injured workers who have back pain of at least 3 months in duration, have failed conservative treatment, have satisfactory results from a detailed psychosocial assessment, injured workers who are candidates for surgery, and injured workers who have been briefed on potential risks and benefits from discography and surgery. As per the documentation submitted, the injured worker has persistent lower back pain with radiation to the left buttock region. The injured worker previously underwent a lumbar discogram, which indicated positive findings at L4-5. There is no documentation of a recent failure of conservative treatment. There is also no evidence of a detailed psychosocial assessment. There is no indication that this injured worker is a candidate for lumbar spine surgery. Based on the clinical information received, the request is non-certified.

ELECTROMYOGRAM OF THE UPPER EXTREMITIES: Upheld

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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker reports ongoing pain in the neck, left upper extremity, and numbness with spasm in the left arm. Although the injured worker reports subjective findings of radiculopathy, there is no physical examination provided for review. Therefore, there is no objective evidence of radiculopathy or a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. The injured worker's previous EMG and nerve conduction test were not provided for review. There is no evidence of a progression or worsening of symptoms or physical examination findings. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.

NERVE CONDUCTION VELOCITY EXAM FOR THE UPPER EXTREMITIES:
Upheld

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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation

submitted, the injured worker reports ongoing pain in the neck, left upper extremity, and numbness with spasm in the left arm. Although the injured worker reports subjective findings of radiculopathy, there is no physical examination provided for review. Therefore, there is no objective evidence of radiculopathy or a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic studies. The injured worker's previous EMG and nerve conduction test were not provided for review. There is no evidence of a progression or worsening of symptoms or physical examination findings. Therefore, the medical necessity for repeat testing has not been established. As such, the request is non-certified.