

Case Number:	CM13-0062979		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2013
Decision Date:	08/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 patient is a [REDACTED] employee who has filed a claim for anxiety associated with an industrial injury of August 29, 2013. Thus far, the patient has been treated with Celexa, Xanax, and therapy. Utilization review dated November 26, 2013 indicates that the claims administrator denied a request for EMG/NCV of bilateral lower extremities as patient has not undergone lumbar MRI; and psychiatric consultation as patient has continued treatment with a psychiatrist already and there is no rationale for a second psychiatric evaluation at this time. Review of progress notes reports symptoms including anxiety, depression, suicidal ideation, sleep difficulties, nightmares, social withdrawal, tearfulness, decreased libido, fatigue, and headaches. The patient also has cervical pain radiating into the shoulders with tenderness of the cervical spine, positive Spurling's, and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: CA MTUS does not address this issue. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, documentation only states that the patient has cervical pain radiating into the shoulders. There is no documentation of low back pain or lower extremity radiculopathy in this patient. Therefore, the request for NCV of bilateral lower extremities is not medically necessary per the guideline recommendations of ODG.

PSYCHIATRIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127; 156.

Decision rationale: As stated on pages 127 and 156 in the CA MTUS ACOEM Independent Medical Examinations and Consultations chapter, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient already had psychiatry evaluation with treatment plan suggesting cognitive behavioral psychotherapy, and there is also note of the patient undergoing therapy. There is no clear indication to require another psychiatric consultation in this patient as a comprehensive psychiatric evaluation was already performed in November 2013. Therefore, the request for psychiatric consultation is not medically necessary per the guideline recommendations of MTUS.

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004), LOW BACK CHAPTER, 303.

Decision rationale: As noted on page 303 of the MTUS ACOEM Guidelines, EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, documentation only states that the patient has cervical pain radiating into the shoulders. There is no documentation of low back pain or lower extremity radiculopathy. Therefore, the request for EMG of bilateral lower extremities is not medically necessary per the guideline recommendations of MTUS.

