

Case Number:	CM13-0063582		
Date Assigned:	06/13/2014	Date of Injury:	03/18/2013
Decision Date:	07/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 Nevada. 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 61-year-old gentleman who was reportedly injured on March 18, 2013. The mechanism of injury is noted as the onset of back pain after trying to start a plaster mixer. The most recent progress note, dated January 28, 2014, indicates that there were ongoing complaints of low back pain radiating to the right leg, left upper extremity tremors and left shoulder pain. There was a history of a lumbar spine surgery performed April 8, 2013. Current medications included Vicodin and Tylenol. The physical examination demonstrated an antalgic gait. There was lumbar paravertebral tenderness and decreased sensation on the right L5 and S1 dermatomes and on the left at the L5 dermatome. There was slight tenderness along the cervical spine with decreased cervical spine range of motion. Tremor in the left upper extremity was noted. Diagnostic imaging studies objectified a right-sided paracentral disc protrusion causing mass effect on the traversing right S1 nerve root. There were a diagnoses of an L5-S1 disc protrusion post surgery, right leg radiculopathy, left sided hand tremors, and shoulder tendinitis. A referral to a neurologist for hand tremors was recommended. A request had been made for a 3 to 6 month gym membership, cervical spine MRI, and left upper extremity EMG/NCS and was not certified in the pre-authorization process on November 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-6 MONTHS GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Low Back, Gym Membership.

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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships, updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a gym is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is no documentation in the attached medical record that the injured employee has failed a home exercise program, that there is need for additional equipment, or that arrangements have been made for medical professional to accompany the injured employee. For the above reasons, this request for a Gym Membership is not medically necessary.

CERVICAL SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the American College of Occupational and Environmental Medicine, cervical spine MRIs are only indicated for those patients whose limitations are due to consistent symptoms that have persisted for four to six weeks or more and when surgery is being considered for a specific anatomic defect, to further evaluate the possibility of potentially serious pathology, such as a tumor, the emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The presence of a tremor in relation to lower back pain does not meet these criteria. Additionally, the injured employee has had a normal upper extremity neurological examination. For the above reasons, this request per Cervical Spine MRI is not medically necessary.

LEFT UPPER EXTREMITY EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the American College of Occupational and Environmental Medicine, the use of Electromyography (EMG) and nerve conduction velocities (NCV),

including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptom, or both. However, the injured employee has had a normal upper extremity neurological examination, and there is no documentation of any abnormal findings. For these reasons, this request for left upper extremity EMG/NCV studies is not medically necessary.

LEFT UPPER EXTREMITY NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the American College of Occupational and Environmental Medicine, the use of Electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both. However, the injured employee has had a normal upper extremity neurological examination, and there is no documentation of any abnormal findings. For these reasons, this request for left upper extremity EMG/NCV studies is not medically necessary.