MAXIMUS Federal Services

Case Number:	CM13-0065921		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2005
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 59-year-old male who reported an injury on 08/24/2005, due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his low back. The patient also developed cervical spine pain radiating into the bilateral upper extremities. The patient's treatment history included physical therapy, aquatic therapy, multiple medications for chronic pain, and cognitive behavioral therapy. The patient's most recent clinical evaluation documented that the patient had cervical spine pain radiating into the bilateral upper extremities, rated at a 4/10, exacerbated by repetitive movements. Physical findings included positive carpal, cubital, and Guyon's canal testing bilaterally with decreased sensation in the 3 ulnar digits bilaterally and a positive compression test. The patient's most recent evaluation of the lumbar spine documented that the patient had low back pain radiating into the bilateral lower extremities rated at a 4/10 to 7/10. Physical findings included tenderness to palpation along the paravertebral musculature with decreased range of motion secondary to pain and decreased deep tendon reflexes of the bilateral lower extremities. It was noted within the clinical documentation that the patient underwent an EMG of the bilateral lower extremities in 08/2012 that concluded there was stable bilateral L5 radiculopathy and right-sided S1 radiculopathy. A request was made for bilateral upper and lower extremity electrodiagnostic tests and physical therapy for the cervical spine

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL LOWER EXTREMETIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and Environmental Studies recommend electrodiagnostic studies when a more precise delineation in the patient's pain generator is necessary and the patient has failed conservative measures. The clinical documentation submitted for review fails to indicate that the patient has symptoms of radiculopathy. However, it is noted within the documentation that the patient previously underwent an electrodiagnostic study that determined the patient had chronic radiculopathy. The clinical documentation submitted for review does not provide any evidence of a significant change in the patient's clinical presentation to support an additional electrodiagnostic study. Also, the clinical documentation does not clearly address how an additional electrodiagnostic study would appropriately contribute to the patient's treatment plan. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.

NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and Environmental Studies recommend electrodiagnostic studies when a more precise delineation in the patient's pain generator is necessary and the patient has failed conservative measures. The clinical documentation submitted for review fails to indicate that the patient has symptoms of radiculopathy. However, it is noted within the documentation that the patient previously underwent an electrodiagnostic study that determined the patient had chronic radiculopathy. The clinical documentation submitted for review does not provide any evidence of a significant change in the patient's clinical presentation to support an additional electrodiagnostic study. Also, the clinical documentation does not clearly address how an additional electrodiagnostic study would appropriately contribute to the patient's treatment plan. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing, Electromyography (EMG), Nerve Conduction Studies (NCS)

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has both neuropathic and radicular type of pain. However, the American College of Occupational and Environmental Medicine recommends these types of diagnostic studies when the patient had failed to respond to conservative treatment. The clinical documentation submitted for review does not clearly identify what specific conservative treatments have been applied to the patient's cervical spine. Therefore, the need for an electrodiagnostic study for this patient at this time cannot be determined. As such, the requested EMG of the bilateral upper extremities is not medically necessary or appropriate

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic testing, Electromyography (EMG), Nerve Conduction Studies (NCS)

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has both neuropathic and radicular type of pain. However, the American College of Occupational and Environmental Medicine recommends these types of diagnostic studies when the patient had failed to respond to conservative treatment. The clinical documentation submitted for review does not clearly identify what specific conservative treatments have been applied to the patient's cervical spine. Therefore, the need for an electrodiagnostic study for this patient at this time cannot be determined. As such, the requested NCV of the bilateral upper extremities is not medically necessary or appropriate

PHYSICAL THERAPY FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review does not clearly identify whether the patient has ever received any previous therapy to the neck. Therefore, a trial of physical therapy for the cervical spine would be appropriate for this patient. However, the request as it is submitted does not clearly provide an intended duration of treatment. Therefore,

the appropriateness of this request cannot be determined. As such, the requested physical therapy for the neck is not medically necessary or appropriate