

Case Number:	CM13-0066834		
Date Assigned:	01/03/2014	Date of Injury:	09/03/2013
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational 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 patient is a 52 year old male who was injured on 09/03/2013 while he was handcuffed to an inmate who was fighting and struggling and injured his left shoulder, left upper leg, low back, upper back, right lower arm, right elbow and left foot. Prior treatment history has included physical therapy to the thoracic spine, lumbar spine, right elbow and right heel. Diagnostic studies reviewed include lumbar and thoracic x-rays dated 09/06/2013 which were unremarkable. X-ray of the right elbow dated 09/12/2013 which was a negative exam. Progress note 11/05/2013 documented the patient to have scheduled his therapy which recently has been authorized. Objective findings on exam included examination of the thoracic spine revealing tenderness to palpation over the upper, mid and lower paravertebral muscles. There is limitation of motion. There may be some slight thoracolumbar scoliosis. Examination of the lumbar spine reveals tenderness to palpation over the upper, mid and lower paravertebral muscles. The range of motion is flexion 25 degrees, with 20 degrees right lateral bending, 20 degrees of left lateral bending, 20 degrees of right lateral rotation, 15 degrees left lateral rotation and extension 10 degrees. There is a list with lumbar motion. There is increased pain with lumbar motion. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. Examination of the left foot reveals there is tenderness to palpation over the plantar aspect of the calcaneus tubercle. There is no tenderness and no defects over the plantar fascia. There are no palpable defects. Neurological examination of the lower extremities reveals there is patchy decreased sensation in the bilateral lower extremities, most likely in the right L5 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF RIGHT LOWER EXTERMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 57-58. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (Electromyography)

Decision rationale: According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. The medical records do not appear to document any subjective complaints pertaining to the right lower extremity that would suggest radiculopathy. In addition, there does not appear to be documentation establishing the patient has failed to respond to conservative care, such as physical therapy, exercise with utilization of a self-directed home program, activity modification, or medication. In the absence of subjective complaints and physical exam findings and failure of conservative measures, the medical necessity of the requested study is not established. Therefore, EMG of right lower extremity is non-certified.

EMG OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 57-58. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (Electromyography)

Decision rationale: According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. The medical records do not appear to document any subjective complaints pertaining to the left lower extremity that would suggest radiculopathy. In addition, there does not appear to be documentation establishing the patient has failed to respond to conservative care, such as physical therapy, exercise with utilization of a self-directed home program, activity modification, or medication. In the absence of subjective complaints and physical exam findings and failure of conservative measures, the medical necessity of the requested study is not established. Therefore, EMG of left lower extremity is non-certified.

NCS OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 57-58. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (Electromyography)

Decision rationale: According to the guidelines, following a course of conservative therapy, an NCS study may be useful to obtain unequivocal evidence of radiculopathy. The medical records do not appear to document any subjective complaints pertaining to the right lower extremity that would suggest radiculopathy. In addition, there does not appear to be documentation establishing the patient has failed to respond to conservative care, such as physical therapy, exercise with utilization of a self-directed home program, activity modification, or medication. In the absence of subjective complaints and physical exam findings and failure of conservative measures, the medical necessity of the requested study is not established. Therefore, NCS of right lower extremity is non-certified.

NCS OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 57-58. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (Electromyography)

Decision rationale: According to the guidelines, following a course of conservative therapy, an NCS study may be useful to obtain unequivocal evidence of radiculopathy. The medical records do not appear to document any subjective complaints pertaining to the left lower extremity that would suggest radiculopathy. In addition, there does not appear to be documentation establishing the patient has failed to respond to conservative care, such as physical therapy, exercise with utilization of a self-directed home program, activity modification, or medication. In the absence of subjective complaints and physical exam findings and failure of conservative measures, the medical necessity of the requested study is not established. Therefore, NCS of left lower extremity is non-certified.

PSYCHIATRIC/PSYCHOLOGIC EVALUATION WITHIN THE MPN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page(s) 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological evaluations

Decision rationale: According to the guidelines, a psych evaluation may be recommended based upon a clinical impression of psychological condition that impacts recovery, participation

in rehabilitation, or prior to specified interventions. The references state specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The medical records do not reveal detailed documentation of psych-related subjective complaints with corroborating clinical findings and observations as to support medical necessity for psychological evaluation. Therefore, psych evaluation is non-certified.