

Case Number:	CM13-0069288		
Date Assigned:	01/03/2014	Date of Injury:	09/12/2013
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 39 year old male who was injured on 9/12/13 while throwing a rail to the right. This resulted in severe pain in the left shoulder, neck, lumbar spine, rib cage, and middle back. Prior treatment history has included injection into the buttocks which wore off in a week, and therapy visits. Diagnostic studies reviewed include cervical spine x-ray showed signs of degenerative changes. A PR2 dated 1/7/14 documented the patient to have complaints of constant severe pain in the bilateral shoulders; the pain is worse on the left side. He has constant severe pain in the cervical spine described as aching, burning, and popping. There is constant severe pain in the lumbar spine that is best described as sharp and burning. He has pain in the thoracic spine which is constant, severe, and sharp. The rib cage has occasional moderate aching pain. The patient reported tingling to the area. He has occasional moderate pain in his testicles which he describes as aching. The patient stated that the pain in his testicles has decreased. There was +3 tenderness and spasm to the bilateral paraspinal muscles from C3 to C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles; the axial compression test was positive bilaterally for neurological compromise. The shoulder depression test was positive bilaterally. The right triceps reflex was decreased; Schepelmann's was positive bilaterally. There was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles form L2 to S1 and multifidus. Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally; Braggard's was positive on the right; Yeoman's was positive bilaterally. The right hamstrings reflex was decreased. The right Achilles reflex was decreased. The L5 dermatome was decreased on the right to light touch. The S1 dermatome was decreased on the right to light touch. The treatment and plan for this patient is a nerve conduction velocity and electromyography test of the bilateral upper extremities and bilateral lower extremities due to the numbness and weakness in his bilateral upper and lower extremities. Due to the patient's

subjective complaints and objective findings, the patient requires a program of work hardening. The goals are to increase work capacity and activities of daily living, and to begin work restrictions. A PR-2 dated 12/20/13 indicated that the patient was in for an evaluation of functional improvement. Due to the patient's subjective complaints and objective findings, the patient requires no additional therapy. There was no functional improvement recorded since the last examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

A QUALIFIED FUNCTIONAL CAPACITY EXAM: 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 Chronic Pain Treatment Guidelines Page(s): 48, 125-126.

Decision rationale: A functional capacity evaluation is recommended prior to admission to a work hardening program. However, the patient does not meet criteria for a work hardening program. It is not clear at this point that this individual has a work related injury with functional limitations given the mechanism of injury, multiple body parts injured, whole body complaints, multiple positive findings on physical exam, and lack of corroboration by diagnostic studies. Further, FCE's are not recommended for routine screening, and validity and reliability of this tool are in doubt. Timing in this case is inappropriate as the patient's conditions have not been clarified. Therefore, an FCE is non-certified.

NCV OF THE BILATERAL UPPER EXTREMITIES: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the available records, this patient has complaints of severe pain, numbness, and weakness in the upper and lower extremities. There are focal neural exam findings of decreased sensation in a dermatomal distribution and decreased reflexes of upper and lower extremities. However, it is quite unlikely that the patient injured this many body parts from the stated mechanism of injury, and the patient's complaints are non-specific and not clearly dermatomal. As such, radiculopathy is uncertain in this case of chronic pain with failure of conservative care. NCV is medically necessary to rule out serious pathology and expedite the return to work. Thus, NCV is certified.

EMG OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the available records, this patient has complaints of severe pain, numbness, and weakness in the upper and lower extremities. There are focal neural exam findings of decreased sensation in a dermatomal distribution and decreased reflexes of upper and lower extremities. However, it is quite unlikely that the patient injured this many body parts from the stated mechanism of injury, and the patient's complaints are non-specific and not clearly dermatomal. As such, radiculopathy is uncertain in this case of chronic pain with failure of conservative care. EMG is medically necessary to rule out serious pathology and expedite the return to work. Thus, EMG is certified.

NCV OF THE BILATERAL LOWER EXTREMITIES: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the available records, this patient has complaints of severe pain, numbness, and weakness in the upper and lower extremities. There are focal neural exam findings of decreased sensation in a dermatomal distribution and decreased reflexes of upper and lower extremities. However, it is quite unlikely that the patient injured this many body parts from the stated mechanism of injury, and the patient's complaints are non-specific and not clearly dermatomal. As such, radiculopathy is uncertain in this case of chronic pain with failure of conservative care. NCV is medically necessary to rule out serious pathology and expedite the return to work. Thus, NCV is certified.

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the available records, this patient has complaints of severe pain, numbness, and weakness in the upper and lower extremities. There are focal neural exam findings of decreased sensation in a dermatomal distribution and decreased reflexes of upper and lower extremities. However, it is quite unlikely that the patient injured this many body parts from the stated mechanism of injury, and the patient's complaints are non-specific and not clearly dermatomal. As such, radiculopathy is uncertain in this case of chronic pain with failure of

conservative care. EMG is medically necessary to rule out serious pathology and expedite the return to work. Thus, EMG is certified.