

Case Number:	CM14-0000331		
Date Assigned:	01/08/2014	Date of Injury:	01/03/2013
Decision Date:	04/22/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Oklahoma. 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:

This is a 58-year-old male who sustained injury on 01/03/2013 when he slipped and fell causing a loss of consciousness and injured his neck, face, chest, and back. Treatment history includes medications, activity modification, and physical therapy. Medication treatment includes Lexapro, Lorazepam, Omeprazole, Proair, Gabapentin, Baclofen, Hydrocodone, and Lisinopril. Diagnostic studies include the following: CT of the maxillofacial dated 01/03/2013 showed No evidence of facial bone fracture. Right infraorbital/cheek soft tissue swelling/hemorrhage was present. There was opacification of left maxillary sinus with inspissated material and circumferential wall thickening compatible chronic sinus disease. Mild right maxillary and left ethmoid sinus disease were also present. CT of the cervical spine dated 01/03/2013 showed no evidence of acute abnormality. X-ray of the right shoulder dated 02/04/2013 showed Normal study. MRI of the brain dated 02/23/2013 showed normal examination of the brain. Basal cisterns and cranial nerve pathways were normal. A note dated 10/07/2013 indicates he presented with complaints of pain in bilateral shoulder, head, neck going all the way down to the lower back, leg, and foot. He also reported mid back pain, lightheadedness, and dryness in mouth. On physical exam, cervical spine axial loading compression test was negative, Spurling test was positive on left. There was decreased sensation in the right C6, C7, and C8 levels. There was discomfort at L2-3 through L5-S1 to palpation over paraspinal processes, SI joint, and sciatic notch on right. Straight leg raise (SLR) was positive. Diagnoses were closed head injury/concussion, cervical spine sprain/strain, cervical disc protrusion, torticollis, left cervical spine, chest wall contusion, lumbar sprain/strain, lumbar neural foraminal narrowing at L4-5 and L5-S1, and cervical and lumbar spondylosis. A neurologic re-evaluation dated 10/28/2013 indicates he presented with improvement in his right facial weakness and symptoms. He still complains of right ear tinnitus. On exam, mental status exam was unremarkable. Cranial nerves

showed evidence of right facial weakness of the peripheral type. Motor, sensory, and reflexes were normal. He also had normal gait and coordination.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS TO THE BILATERAL UPPER AND LOWER EXTREMITIES X 4:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic) Electromyography (EMG) & Nerve conduction studies (NCS), & Low back - Lumbar & Thoracic, EMGs (electromyography) & Nerve conduction studies (NCS)

Decision rationale: The MTUS/ACOEM guideline support EMG/NCS studies of the upper extremity in cases of peripheral nerve impingement when there is no improvement or worsening within 4-6 weeks of treatment. These guidelines also support electrodiagnostic studies to clarify the neurologic exam when there are symptoms of radiculopathy, but no unequivocal evidence of specific nerve compromise, before specialized imaging studies are warranted. The MTUS also supports EMG studies to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. While the ODG also supports EMG after one month of conservative treatment, these guidelines indicate that EMG and NCS are not necessary if radiculopathy is already clinically obvious. The medical records that were submitted for review include a year course of treatment for cervical and lumbar complaints which include reports of numbness in the upper and lower extremities that continues despite prior treatment with medications, physical therapy, activity modifications and other modalities. The treating provider's documentation of physical exam, specifically the neurologic exam, is lacking. However, there was a detailed neurologic exam conducted by a neurologist in October 2013. Here the neurologist notes no radiculopathy. Therefore, this meets the ODG guidelines for an EMG after one month of conservative treatment failure and is medically necessary.

URINE DRUG SCREEN: Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: CA MTUS details guidelines for Urine Drug Screening: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For

more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." The patient is not on any opioids at present, nor is there any documentation of suspicion for illegal drug use. However, the patient was on hydrocodone earlier in the treatment process which was discontinued. Verification of discontinuance of opioids is appropriate in this clinical setting and therefore was medically necessary.