

Case Number:	CM14-0001604		
Date Assigned:	01/22/2014	Date of Injury:	01/19/2013
Decision Date:	06/11/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 65 year old female who reported an injury to her low back and neck. The initial injury took place on 01/19/13 when she had a slip and fall on a wet floor. The clinical note dated 02/10/13 indicates the injured worker demonstrating tenderness in the cervical region and the left trapezius. The injured worker demonstrated decreased range of motion throughout the cervical region. Tenderness was also identified at the right wrist. The therapy note dated 02/15/13 indicates the injured worker complaining of 7/10 pain. Range of motion deficits in the cervical region included 15 degrees of flexion, 5 degrees of extension, 25 degrees of bilateral rotation, and 10 degrees of bilateral side bending. No sensation, reflex, or strength deficits were identified in the upper or lower extremities. The clinical note dated 05/13/13 indicates the injured worker continuing with cervical and right upper extremity pain. The clinical note dated 06/06/13 indicates the injured worker having ongoing complaints of low back and cervical region pain. The utilization review dated 12/28/13 resulted in a denial for electrodiagnostic studies of both upper and lower extremities as no neurologic findings were identified in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDY LEFT AND RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the MTUS/ACOEM Guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, and physiologic evidence of tissue insult or neurologic dysfunction." The documentation indicates the claimant complaining of cervical region pain with radiating pain to both upper extremities. Electrodiagnostic studies are indicated for injured workers with significant findings indicating neurologic deficits. No information was submitted regarding the patient's reflex, motor, or sensation deficits. Therefore the request for EMG of the left and right upper extremities are not medically necessary and appropriate.

ELECTRODIAGNOSTIC STUDIES OF THE LEFT AND RIGHT LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the MTUS/ACOEM Guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, and physiologic evidence of tissue insult or neurologic dysfunction." The documentation indicates the claimant complaining of cervical region pain with radiating pain to both upper extremities. Electrodiagnostic studies are indicated for injured workers with significant findings indicating neurologic deficits. No information was submitted regarding the patient's reflex, motor, or sensation deficits. Therefore the request for EMG of the left and right lower extremities are not medically necessary and appropriate.