

Case Number:	CM14-0003516		
Date Assigned:	01/31/2014	Date of Injury:	12/13/2012
Decision Date:	06/26/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 32-year-old male who reported an injury on 12/13/2012, due to an unknown mechanism. An MRI of the cervical spine dated 01/03/2014 noted loss of intervertebral disc height and disc desiccation changes seen at the C4-5 level. The clinical note dated 01/13/2014 indicated the injured worker complained of low back pain, shoulder pain, increased right neck pain, numbness and tingling. The injured worker's physical exam revealed a positive right Neer's impingement test, positive right Hawkins-Kennedy test, a positive right elbow flexion test, increasing pain towards terminal range of motion in the thoracic, tenderness to palpation of the thoracic paraspinal musculature, and diminished sensation to light touch in the right ring finger and small finger. The injured worker's diagnoses were lumbar spine spondylosis, rule out lumbar radiculopathy, right shoulder impingement syndrome, rule out rotator cuff tear, cervical thoracic spondylosis, rule out cervical radiculopathy, rule out right cubital tunnel syndrome. The provider recommended an EMG and NCV of the bilateral upper and lower extremities and 12 physical therapy sessions. The Request for Authorization form was not included in the medical documents for review. The provider's rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY(EMG) OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK COMPLAINTS, 177-179

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

Decision rationale: The request for electromyography bilateral upper extremities is non-certified. CA MTUS/ACOEM state electromyography is recommended in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The included documents lack evidence of a complete and adequate pain assessment, and failure of conservative therapy. The injured worker had diminished sensation to light touch in the right ring finger and small finger. There is a lack of evidence of physical exam findings related the the left upper extremity to support the necessity of the requested EMG of the left upper extremity. The need for a bilateral upper extremity EMG is unclear, especially when the positive findings are right sided. There is lack of evidence in the medical documents that the injured worker has failed conservative treatment. The provider's rationale was not provided in the request. As such, the request is not medically necessary.

NERVE CONDUCTION VELOCITY(NCV) OF BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, NECK AND UPPER BACK COMPLAINTS, 177-179

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

Decision rationale: The request for nerve conduction velocity of the bilateral upper extremities is non-certified. CA MTUS/ACOEM state nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Unequivocal objective findings that identify specified nerve compromise on the neurologic examination are sufficient evidence in injured workers who do not respond to treatment and who would consider surgery as an option. When the neurologic exam is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker had diminished sensation to light touch in the right ring finger and small finger. There is a lack of evidence of physical exam findings related the the left upper extremity to support the necessity of the requested NCV of the left upper extremity. The need for a bilateral upper extremity NCV is unclear, especially when the positive findings are right sided. There is lack of evidence in the medical documents that the injured worker has failed conservative treatment. The injured worker doen not have evidence of peripheral neuropathy to warrant an NCV study. Therefore, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 303-305

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

Decision rationale: The request for electromyography of the bilateral lower extremities is non-certified. CA MTUS/ACOEM recommend electromyography (EMG), including H reflex tests, to identify subtle, focal neurologic dysfunction in injured worker's with low back symptoms lasting more than three or four weeks. When the neurologic exam is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is a lack of physical exam findings for the bilateral lower extremities, aside from the noted muscle spasm and increased pain with range of motion. There is lack of documentation of the injured worker's failure to respond to conservative treatment and/or physical therapy. Therefore, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 303-305

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, NCV.

Decision rationale: The request for nerve conduction velocity of the bilateral lower extremities is non-certified. The Official Disability Guidelines do not recommend NCV. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is a lack of physical exam findings for the bilateral lower extremities, aside from the noted muscle spasm and increased pain with range of motion. There is lack of documentation of the injured worker's failure to respond to conservative treatment and/or physical therapy. The injured worker does not have evidence of peripheral neuropathy to warrant an NCV study. Therefore, the request is not medically necessary.

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for 12 physical therapy sessions is non-certified. The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed is unclear. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The request for 12 visits exceeds the guideline recommendation. The site at which the requested therapy was intended was not specified. Therefore, the request is not medically necessary or appropriate.