

Case Number:	CM14-0009910		
Date Assigned:	02/21/2014	Date of Injury:	10/11/2011
Decision Date:	07/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 47-year-old male who reported an injury on 10/11/2011. The mechanism of injury was not specifically stated. Current diagnoses include a neck sprain, lumbar sprain, and thoracic/lumbosacral neuritis/radiculitis. The latest Physician Progress Report submitted for this review is documented on 02/03/2014. The injured worker reported persistent cervical and lumbar spine pain as well as left shoulder pain. Physical examination revealed tenderness to palpation with spasm in the cervical and lumbar spine, tenderness to palpation with spasm in the left shoulder, and decreased sensation. Treatment recommendations at that time included continuation of current medication, and a followup visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR BILATERAL UPPER EXTREMITIES,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,261.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in

patients with neck or arm symptoms lasting more than 3 or 4 weeks. There is no objective evidence of a neurological deficit with regard to the bilateral upper extremities. The request for EMG (Electromyography) For Bilateral Upper Extremities is not medically necessary.

PAIN MANAGEMENT FOLLOW UP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 207,177,303.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician followup generally occurs when a release to modified, increased or full duty is needed or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker continues to report persistent cervical and lumbar spine pain as well as shoulder pain. The injured worker is currently utilizing anti-epilepsy and anti-inflammatory medication. The injured worker is also currently participating in physical therapy. However, the injured worker was previously issued authorization for a followup visit. Therefore, the current request for an additional Pain Management followup is a duplication of a previously authorized request and is not medically necessary.