

Case Number:	CM14-0115490		
Date Assigned:	08/04/2014	Date of Injury:	04/05/2013
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male, who reported injury on 04/05/2013 due to performing his general duties as a laborer. The injured worker has diagnoses of cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, and a 2.7 mm disc protrusion, facet degenerative joint disease at L4-5, and 1 mm disc protrusion/facet degenerative joint disease at L5-S1, bilateral shoulder strain with tendinitis and impingement, right knee sprain and patellofemoral arthralgia with moderate to severe tricompartmental osteoarthritis, right ankle sprain/strain, and headaches. Past medical treatment includes chiropractic therapy, acupuncture, extensive physical therapy, and medication therapy. Medications include Ultram ER 1 to 2 tablets a day, Fexmid 7.5 one to 2 tablets a day, Prilosec 20 mg 1 tablet daily, and Sonata 10 mg 1 tablet a day. An MRI obtained on 02/26/2014 revealed at level C6-7 there were 5 mm disc/osteophyte complex with moderate to severe right and mild to moderate left intervertebral foraminal narrowing, and at C5-6 there was 4 to 5 mm disc/osteophyte complex and moderate to severe left intervertebral foraminal narrowing. On 05/02/2013, the injured worker also underwent an MRI that revealed the injured worker had disc protrusion/facet degenerative joint disease at L5-S1. An MRI obtained on 05/02/2013 revealed a complex tear of the medial meniscus and lateral meniscus. The injured worker complained of neck pain that radiated to the left arm, to the hand primarily and the thumb with numbness and tingling to the same distribution. The injured worker also complained of continued frequent low back pain that radiated to the legs. The injured worker continued with frequent right knee pain that increased with any lengthy standing and walking. The injured worker is currently using a BioniCare knee system/brace. There was no measurable pain level documented in the submitted report. Physical

examination dated 07/07/2014 revealed the cervical spine had tenderness to palpation with moderate spasm over the paravertebral musculature. Spurling's maneuver test was positive on the left, eliciting pain, numbness, and tingling to the thumb. Range of motion of the cervical spine was measured with a flexion of 35 degrees, extension of 38 degrees, right rotation of 64 degrees, left rotation of 62 degrees, right lateral flexion of 35 degrees, and left lateral flexion of 34 degrees. Sensation was decreased primarily in the C6-7 dermatomes. Examination of the right knee revealed slight swelling and tricompartmental crepitus. Tenderness to palpation was present over the medial and lateral joint lines. McMurray's test elicited increased pain. Range of motion of the right knee was measured with the flexion of 120 degrees and extension of 0 degrees. There was a grade 4/5 weakness upon flexion and extension. Examination of the lumbar spine revealed tenderness to palpation with slight to moderate spasm over the paravertebral musculature. Straight leg raising test elicited increased low back pain. There was continued limited range of motion. The treatment plan is for the injured worker to continue with medications. Also, awaiting authorization for pain management consultation to consider cervical epidural steroid injection, authorization for a right knee Synvisc injection x3, and an EMG/nerve conduction velocity study to the arms bilaterally. The injured worker is also to continue with his home exercise program and the use of the right knee brace. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV BILATERAL UPPER AND LOWER EXTREMITIES: 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) guidelines state that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, and low back symptoms lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted report revealed that an EMG/NCV of the upper and lower extremities was done 02/25/2014. There did not appear to be suggested differential diagnosis that would necessitate an additional NCV/EMG of the bilateral upper and lower extremities. Due to lack of subjective complaints or objective findings suggestive of a competing diagnosis requiring additional diagnostic testing and the fact that this procedure has been performed as recently as just a few months ago, the request for NCV bilateral upper and lower extremities is not medically necessary.

EMG BILATERAL UPPER AND LOWER EXTREMITIES: 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: CA MTUS/ACOEM states that electromyography (EMG), including H reflex tests, and may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both and low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The submitted report revealed that an EMG/NCV of the upper and lower extremities was done 02/25/2014. There did not appear to be suggested differential diagnosis that would necessitate an additional EMG of the bilateral upper and lower extremities. Due to lack of subjective complaints or objective findings suggestive of a competing diagnosis requiring additional diagnostic testing and the fact that this procedure has been performed as recently as just a few months ago, the request for EMG bilateral upper and lower extremities is not medically necessary.