

Case Number:	CM14-0150098		
Date Assigned:	09/18/2014	Date of Injury:	07/15/2013
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 and is licensed to practice in California. 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 58-year-old male who reported an injury on 07/15/2013, due to an unknown mechanism. Physical examination on 07/15/2014 revealed that the injured worker had been getting appreciable pain relief with the combination of trigger point injections and current medication regimen. He reported he was sleeping better. Examination of the cervical spine revealed slightly restricted on all planes and all ranges of motion of the lumbar spine were slightly to moderately restrict on all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature. Sensation to fine touch and pinprick was decreased in the 2nd and 3rd digits of the right hand. Grip strength was decreased in the right hand at -5/5. Diagnoses were chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe; early right carpal tunnel syndrome; and worsening of pain and numbness of the left leg. The injured worker received more trigger point injections at this office visit. Medications were not reported. Treatment plan was for aquatic therapy exercises, home muscle stretching exercises, EMG and nerve conduction velocity study. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG): Upheld

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

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

Decision rationale: The decision for EMG is not medically necessary. The ACOEM Guidelines state that electromyography (EMG); including H reflex test may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative treatment and observation. EMGs are not necessary if radiculopathy was present upon examination. Radiculopathy was not objectively present upon examination dated 07/15/2014. The clinical information submitted for review does not provide evidence to justify an EMG. Also, this request does not indicate if it is for the upper extremities or the lower extremities. Therefore, this request is not medically necessary.

Nerve Conduction Velocity (NCV): Upheld

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

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, Nerve Conduction Study

Decision rationale: The decision for nerve conduction velocity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the lower extremities. There was no documentation of radiculopathy in the upper extremities. The clinical information submitted for review does not provide evidence to justify a nerve conduction velocity study. The request does not indicate if this study is for upper extremities or lower extremities. Therefore, this request is not medically necessary.

Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98-99 22.

Decision rationale: The decision for aqua therapy is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for

neuralgia, neuritis and radiculitis it is 8 to 10 visits. The rationale was not submitted for why the injured worker could not do land based exercises versus aquatic therapy. Functional improvement from previous physical therapy sessions was not provided. Therefore, this request is not medically necessary.