

Case Number:	CM14-0022853		
Date Assigned:	06/13/2014	Date of Injury:	10/13/2011
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Illinois. 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 61 year-old female who reported an injury on 10/13/11 which occurred when she fell down the steps and twisted her ankle. On 12/10/13, the injured worker underwent electrodiagnostic testing of the lumbar spine and lower extremities to rule out lumbar radiculopathy. The electrodiagnostic testing revealed normal studies of the lower extremities, with no acute or chronic denervation potentials and no evidence of peripheral nerve entrapment. On 1/15/14, the injured worker complained of radicular neck pain which was rated at 7-8/10, and was constant and moderate to severe. There was also numbness and tingling of the left upper extremity. It was noted that she had burning in her left shoulder pain which was rated at 7-8/10, and constant and moderate to severe. She had achy mid back muscle spasms; the pain was rated at 6-7/10. She had low back pain that was sharp and stabbing; the pain was rated at 7/10 that was frequent to constant, and moderate to severe. The physical examination of the cervical spine revealed decreased range of motion, tender sub occipitals, scalene, and cervical compression and distraction. The left shoulder examination revealed decreased range of motion, crepitus, decreased sensation, and was tender at the supraspinatus insertion site. The examination of the thoracic spine revealed decreased range of motion, a positive Kemp's test, spinous process T2-T3, and was tender at the paraspinals. Prior treatments include surgery, physical therapy, and injections. The diagnoses included radiculopathy, cervical region, other cervical disc degeneration at an unspecified cervical region, other cervical disc displacement at an unspecified cervical region, primary osteoarthritis of the left shoulder, sprain/strain of thoracic spine, other intervertebral disc degeneration of the lumbar region, status post right ankle ORIF, joint derangement, unspecified, unspecified abdominal pain, anxiety disorder, mood disorder, and sleep disorder. The medications included Synapryn 10mg, Tabradol 1mg, Deprizaine 15mg, Dicopanol 5mg, and Fantrex 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY THERAPY TO RIGHT UPPER EXTREMITY.: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that 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. Electromyography (EMG), 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. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. In addition, the injured worker has been diagnosed with radiculopathy, cervical region, other cervical disc degeneration at an unspecified cervical region, primary osteoarthritis of the left shoulder, sprain/strain of thoracic spine, radiculopathy, other intervertebral disc degeneration of the lumbar region, other intervertebral disc displacement of the lumbar region, status post right ankle ORIF, unspecified joint derangement, unspecified abdominal pain, anxiety disorder, mood disorder, and sleep disorder. In addition, it was documented that conservative care measures provided such as physical therapy and injections, however, the outcome measurements were not provided. Given the above, the request is not medically necessary.

NERVE CONDUCTION VELOCITY TREATMENT TO LEFT EXTREMITY.: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that 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. 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. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. In addition, the injured worker has been diagnosed with radiculopathy, cervical region, other cervical disc degeneration at an unspecified cervical region, primary osteoarthritis of the left shoulder, sprain/strain of thoracic spine, radiculopathy, other intervertebral disc degeneration of the lumbar region, other intervertebral disc displacement of the

lumbar region, status post right ankle ORIF, unspecified joint derangement, unspecified abdominal pain, anxiety disorder, mood disorder, and sleep disorder. In addition, it was documented that conservative care measures provided such as physical therapy and injections, however, the outcome measurements were not provided. Given the above, the request is not medically necessary.

NERVE CONDUCTION VELOCITY TREATMENT TO RIGHT EXTREMITY.: Upheld

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ELECTROMYOGRAPHY THERAPY TO LEFT UPPER EXTREMITY.: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that 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. Electromyography (EMG), 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. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. In addition, the injured worker has been diagnosed with radiculopathy, cervical region, other cervical disc degeneration at an unspecified cervical region,

primary osteoarthritis of the left shoulder, sprain/strain of thoracic spine, radiculopathy, other intervertebral disc degeneration of the lumbar region, other intervertebral disc displacement of the lumbar region, status post right ankle ORIF, unspecified joint derangement, unspecified abdominal pain, anxiety disorder, mood disorder, and sleep disorder. In addition, it was documented that conservative care measures provided such as physical therapy and injections, however, the outcome measurements were not provided. Given the above, the request is not medically necessary.