

Case Number:	CM14-0032107		
Date Assigned:	06/20/2014	Date of Injury:	10/06/2013
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational 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 47 year old female, who stated that her job and work activities on a continuous basis caused her injuries from 7/22/08-10/06/13. Pain in her back and lower mid to upper back is noted. Complaints of low back and hip pain especially affected by repeated bending, stooping and squatting is noted. Bilateral thigh and calf pain and feet were all affect by standing for prolonged periods of time and walking while carrying packages. Sleep was especially affected by the pain. The injured worker saw a chiropractor whom she had seen for several years, but after symptoms began, she had to see him more frequently and was provided with spinal adjustments with benefit. On occasion she self-treated with over the counter analgesic medications, and continued working her customary duties without restriction. The most recent progress note submitted for review, dated 12/3/13, revealed a negative cervical foraminal compression test when the head was turned to the right, left, and in a neutral position. The patient was able to forward flex the cervical spine to touch the chin to the anterior chest. Rotation to the right was to 60 degrees and 65 degrees to the left. Lateral bending of the neck on the right and left was 50 degrees. There was complaint of pain with neck motion. Spurling test was negative bilaterally. There was complaint of tenderness to palpation over the midline of the entire cervical spine, paraspinals at these levels, and bilateral trapezii. Radial pulses were palpable and in bilateral upper extremities. There was full range of motion of both shoulders with complaint of low back and left groin pain. There was full range of motion in both shoulders, and Tinel sign was negative at the elbows bilaterally. Elbow flexion test was negative bilaterally. Wrist examination Tinel sign was positive at the wrist bilaterally. Phalen test was positive bilaterally. Thenar strength was 4/5 bilaterally. Neurological examination showed sensation to pin prick with right with light touch was decreased of the palmar digits of all fingers bilateral hands. Biceps, triceps, wrist extensors, and flexor digitorum profundus were 5/5, strong and equal.

Hand intrinsic and thinner thenars were 4/5 bilaterally. Reflexes biceps, triceps, and brachioradialis reflexes were 2+ and equal. Measurements of the upper arm grip strength right was 24/28/26 on left 22/18/24. Back and lower extremities examination gait was mildly antalgic, with pain referred to the low back bilateral feet. There was complaint of tenderness to palpation over the midline at the entire thoracic spine and lumbar spine, bilateral paraspinals at these levels, bilateral buttocks, bilateral posterior superior iliac spines. The injured worker complained of pain at the extremes of lumbar range of motion. Heel and toe walking were accomplished with pain in the low back and heels. Sitting straight leg raise test was negative bilaterally. Supine straight leg raise testing straight leg raising was negative bilaterally. Sensation to pin prick and light touch was decreased of the entire feet bilaterally. Iliopsoas, quadriceps, tibialis anterior, and EHL, and gastrocnemius were 5/5, strong and equal. Patellar and Achilles reflexes were 2+ and symmetric in the lower extremities. Cervical spine x-rays revealed loss of normal lordosis with mild to moderate diffuse degenerative changes thoracic spine x-rays revealed mild to moderate diffuse degenerative changes with mild scoliosis. Lumbar spine x-rays revealed mild scoliosis with mild to moderate diffuse degenerative changes. AP pelvis and bilateral frog leg, but lateral views revealed mild degenerative changes of bilateral hips. Diagnosis was cervicothoracic strain/arthrosis. There was probable bilateral carpal tunnel syndrome and/or cubital tunnel syndrome. Lumbosacral strain/arthrosis with possible neural encroachment. Bilateral foot and ankle sprain/mild arthrosis. There was a possible left inguinal hernia. There were sleep disturbances secondary to pain. Neck pain did not seem to be radicular in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Prior utilization review stated that the injured worker had not completed treatment yet which consisted of physical therapy and medications. The clinical documentation submitted still does not show that the injured worker has completed treatment. As such, medical necessity has not been established.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Prior utilization review stated that the injured worker had not completed treatment yet which consisted of physical therapy and medications. The clinical documentation submitted still does not show that the injured worker has completed treatment. As such, medical necessity has not been established.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Prior utilization state that the injured worker had not completed treatment yet which consisted of physical therapy and medications. The clinical documentation submitted still does not show that the injured worker has completed treatment. As such, medical necessity has not been established.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Prior utilization state that the injured worker had not completed treatment yet which consisted of physical therapy and medications. The clinical documentation submitted still does not show that the injured worker has completed treatment. As such, medical necessity has not been established.