

Case Number:	CM14-0033443		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2011
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery 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 63-year-old female injured on October 21, 2011. The mechanism of injury was not listed in the records submitted for review. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of low back pain. It was also noted that this individual used multiple and frequent narcotic medications (fentanyl patches, Percocet) and had a complication of constipation control of over-the-counter preparations. A surgical consultation was completed, and the surgical intervention was declined by the injured employee. The pain level was described as 6/10 on the visual analog scale. The injured employee wished to continue with multiple medications. The physical examination demonstrated lower lumbar musculotendinitis, a decrease in lumbar spine range of motion and a slight decrease in deep tendon reflexes. Diagnostic imaging studies objectified multiple degenerative changes, ligamentum flavum hypertrophy and facet joint disease. A request had been made for electrodiagnostic testing in the bilateral upper extremities and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) fo the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine, electrodiagnostic studies, to include H reflex testing, may identify subtle neurological deficits. However, the progress note indicates significant lumbar disc disease and degenerative changes in the lower lumbar region, and there was no narrative presented of any upper extremity malady. As such, there is no medical necessity for a bilateral upper extremity electrodiagnostic assessment.