

Case Number:	CM14-0046237		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2013
Decision Date:	12/02/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 12/23/2013 secondary to a motor vehicle accident. The injured worker was evaluated on 03/03/2014 for reports of neck, lower back, and left knee pain. The examination noted spasm and tenderness over the paravertebral musculature of the upper trapezium, tenderness over the left distal radius, and a positive Phalen and reverse Phalen on the left was noted. The lumbar examination noted an antalgic gait, tenderness and spasm over the paravertebral muscles, and pain and spasm noted with range of motion. The diagnoses included cervical radiculopathy, bilateral shoulder tendinitis, lumbosacral radiculopathy, bilateral knee tendinitis, and status post bilateral carpal tunnel release surgeries in 2007 or 2008. The treatment plan included physical therapy, MRI, electrodiagnostic studies, and a possible psychological evaluation. The Request for Authorization was not found in the documentation provided. The rationale for the request was found in the office notes and stated the request for electrodiagnostic studies was to evaluate the cause of paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi; Neck & Upper back section (Acute & Chronic), Updated 3/31/2014

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

Decision rationale: The requested EMG of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when a more precise delineation between radicular nerve root impingement and peripheral nerve impingement is required to assist with treatment planning. However, the American College of Occupational and Environmental Medicine recommends diagnostic studies for patients who have undergone at least 4 to 6 weeks of conservative treatment. Due to the age of the injury, it would be expected that the injured worker had conservatively treated with active physical therapy. However, the clinical documentation provided does not support that the injured worker has participated in any kind of active therapeutic rehabilitation. It is noted within the documentation that the injured worker has been treated with a lumbar brace and medications. It is noted that physical therapy was previously authorized for the injured worker; however, the injured worker declined to participate. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Therefore, conservative treatment to include active therapeutic rehabilitation would be supported prior to electrodiagnostic studies. As such, the requested EMG of the bilateral upper extremities is not medically necessary or appropriate.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi; Low Back - Lumbar & Thoracic section (Acute & Chronic), Updated 3/31/2014

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

Decision rationale: The requested EMG of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for nonfocal indications of radiculopathy that require clarification to assist with treatment planning after an adequate course of conservative treatment has failed to resolve the injured worker's symptoms. The clinical documentation submitted for review does not provide sufficient evidence of a conservative course of treatment. It is noted within the documentation that the injured worker was previously authorized physical therapy; however, the injured worker declined to participate. There is no documentation that the injured worker has had any other type of active therapeutic rehabilitation. In the absence of this information, diagnostic studies would not be supported. As such, the requested EMG of the bilateral lower extremities is not medically necessary or appropriate.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi; Neck & Upper back section (Acute & Chronic), Updated 3/31/2014

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

Decision rationale: The requested is NCV of the bilateral upper extremities not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when a more precise delineation between radicular nerve root impingement and peripheral nerve impingement is required to assist with treatment planning. However, the American College of Occupational and Environmental Medicine recommends diagnostic studies for patients who have undergone at least 4 to 6 weeks of conservative treatment. Due to the age of the injury, it would be expected that the injured worker had conservatively treated with active physical therapy. However, the clinical documentation provided does not support that the injured worker has participated in any kind of active therapeutic rehabilitation. It is noted within the documentation that the injured worker has been treated with a lumbar brace and medications. It is noted that physical therapy was previously authorized for the injured worker; however, the injured worker declined to participate. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Therefore, conservative treatment to include active therapeutic rehabilitation would be supported prior to electrodiagnostic studies. As such, the requested NCV of the bilateral upper extremities is not medically necessary or appropriate.

Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi; Low Back - Lumbar & Thoracic section (Acute & Chronic), Updated 3/31/2014

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

Decision rationale: The requested NCV of the bilateral lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for nonfocal indications of radiculopathy that require clarification to assist with treatment planning after an adequate course of conservative treatment has failed to resolve the injured worker's symptoms. The clinical documentation submitted for review does not provide sufficient evidence of a conservative course of treatment. It is noted within the documentation that the injured worker was previously authorized physical therapy; however, the injured worker declined to participate. There is no documentation that the injured worker has had any other type of active therapeutic rehabilitation. In the absence of this

information, diagnostic studies would not be supported. As such, the requested NCV of the bilateral lower extremities is not medically necessary or appropriate.