

Case Number:	CM14-0051298		
Date Assigned:	07/07/2014	Date of Injury:	01/28/2011
Decision Date:	08/12/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Management, 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 31-year-old with a reported injury on January 28, 2011 due to lifting approximately 50 pounds of rolled vinyl. The injured worker complained of constant pain to the low back radiating down to his legs bilaterally, he also complained of frequent spasms to the lower back with burning pain down his right leg. The injured worker rated his pain a 4/10. Physical examination dated May 28, 2014, revealed lumbosacral tenderness, a positive straight leg raise in the right and left leg. He also showed tenderness over the ulnar border of right forearm with decreased sensation to finger of the right hand. The injured worker's trigger point of pain was focused to the left side of his lower back with a twitch. An MRI dated 04/25/2011 revealed lumbar spine sprain/strain with L5-S1 left paracentral 4 mm disc protrusion with mild left foraminal stenosis and left lateral recess stenosis. X-rays done on June 20, 2013 of the shoulder and elbow revealed normal findings. Electro diagnostic studies dated August 16, 2013 revealed no over right-sided carpal tunnel syndrome, chronic moderate right-sided cubital tunnel syndrome. It was also noted that the injured worker had a follow up, right upper extremity, EMG (electromyography)/NCV (nerve conduction velocity) to rule out ulnar nerve neuropathy at the level of the elbow, date was not submitted in report. The injured worker has diagnoses of; back lumbosacral sprain, cephalgia, tendonitis left elbow, gastrointestinal issues, and radicular pain in legs bilaterally. The injured worker's past medical treatment includes ESI injections on February 7, 2013, trigger injections on April 16, 2014, group therapy, occupational therapy, and medication therapy. Medications include Fioricet, Nexium 40 mg, Neurontin 600 mg, Zantax 300 mg, Dulcolax 100 mg, Miralax 17 grams, Laxacin, MSIR 30 mg. The duration and frequency were not submitted in the documentation. The current treatment plan is for repeat EMG/NCV to the upper extremities, right elbow splints with hanger orthotics, continued medication therapy, request for chiropractic trial of 4 sessions to lumbar spine to include the low

back, request for TENS (transcutaneous electrical nerve stimulation) unit supplies, unit dispensed back in may of 2013, that has not been used due to no batteries or electrodes. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG (electromyography)/NCV (nerve conduction velocity) for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014. Elbow.

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that Electromyography (EMG), and 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. There should be documentation of three to four weeks of conservative care and observation. There was no documented evidence submitted in the report revealing that the diagnostics done in the past revealed equivocal/long diagnostic findings to necessitate an additional diagnostic study of an EMG/NCV. Failure of recent conservative care received was also not demonstrated in a submitted report. Additionally, there were no documented neurologic deficits in bilateral upper extremities, to include abnormal reflexes and decreased sensation. Furthermore, most of the documented evidence submitted in the reports were in regards to the injured worker's lower extremities and the request is for upper extremities. As such, the request for repeat EMG/NCV for the bilateral upper extremities is not medically necessary or appropriate.