

Case Number:	CM14-0054788		
Date Assigned:	07/07/2014	Date of Injury:	07/24/1995
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine 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:

This is a 51-year-old male with a 7/24/95 date of injury. The mechanism of injury was not provided in this review. According to a 3/1/14 progress report, the patient complained of chronic, severe right knee and low back pain. He has a history of chronic pain secondary to failed neck syndrome as well as chronic thoracic and lumbar pain and lumbar radiculopathy particularly down the left side. He is also status post Intrathecal Pain Pump Implant. The patient reported that the average pain without medications is a 9/10. With medications his pain is a 0/10. Objective findings: lumbar/sacral exam showed tenderness to palpation at L4-L5, positive right and left sitting straight leg raise, no other abnormal findings. Diagnostic impression: brachial neuritis or radiculitis, postlaminectomy syndrome lumbar region, thoracic/lumbosacral neuritis/radiculitis, cervicgia, lumbago, postlaminectomy syndrome cervical region. Treatment to date: medication management, activity modification, aqua therapy, intrathecal pain pump. A UR decision dated 4/10/14 certified the request for urine toxicology screen and denied the request for EMG of bilateral upper extremities. Regarding EMG, the claimant does not have any neuronal dysfunction or reflex, sensory, or motor deficits in the upper extremities on examination. In fact, the last follow-up examination confirms a normal cervical and upper extremity examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 43, 78.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The UR decision dated 4/10/14 certified the request for urine toxicology screening. It is unclear why a duplicate request is being made at this time. Therefore, the request for Urine toxicology screen is not medically necessary

EMG 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, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. According to a progress report dated 3/1/14, the patient had a normal cervical exam, normal sensory exam, and normal reflex exam. In addition, there is no documentation that conservative treatment modalities have failed. It is noted in the 3/1/14 report that the patient's pain is decreased from a 9/10 to 0/10 with his medication regimen. The patient also stated that the aqua therapy has been very beneficial. Therefore, the request for EMG Bilateral Upper Extremities is not medically necessary.