

Case Number:	CM14-0095612		
Date Assigned:	09/22/2014	Date of Injury:	12/16/2013
Decision Date:	10/30/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 30-year-old female who reported an injury on 12/16/2013 while cleaning the bathrooms at the [REDACTED] she slipped and fell. She stated it happened so fast that she twisted her left ankle and both knees as she fell down to the ground. Diagnoses were lumbar degenerative disc disease, right wrist sprain/strain, left ankle sprain, myofascial pain. Past treatments were medications, physical therapy, and TENS unit. Diagnostic studies were an MRI of the lumbar spine that revealed mild L5-S1 disc desiccation and posterior disc bulge measuring at least 3 mm centrally, without nerve impingement, slight retrolisthesis L5 on S1, approximately 3 mm, facet arthropathy with mild caudal foraminal narrowing at the L5-S1 and no disc herniation or central canal stenosis. Physical examination on 09/15/2014 revealed complaints of chronic low and upper back pain that radiated to the right and left leg with cramping, weakness, numbness, and tingling. The right hand was reported as having difficulty lifting things. In the left foot and ankle, the pain continued, but was improved with acupuncture. The injured worker has completed acupuncture treatments. Examination revealed decreased range of motion in the right wrist and low back. Lumbar flexion was to 30 degrees, extension was to 10 degrees, lateral bending was to 15 degrees bilaterally, and rotation was to 20 degrees. There was tenderness to palpation in the lumbar paraspinal muscles, and right numbness 2, 3, 4 fingers. Treatment plan was to continue with medications. Medications were omeprazole and Fenopfen. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Upper Extremities Only, Left Ankle, Right Wrist, Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 2nd Edition

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

Decision rationale: The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocity (NCV), including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The clinical documentation submitted reported right numbness 2, 3, 4 fingers. There is a lack of documentation of objective findings on the physical examination. Neurological examination was lacking in strength, sensation, and reflexes. There were no red flags of signs or symptoms to warrant the decision for an EMG/NCV of the upper extremities only. The request also stated left ankle, right wrist, and lumbar spine. The request submitted is very unclear in documentation. There were no other significant factors provided to justify a decision for EMG/NCV. Based on the lack of documentation detailing a clear indication for an EMG/NCV of the upper extremities, Left Ankle, Right Wrist, Lumbar Spine is not medically necessary.