

Case Number:	CM14-0202481		
Date Assigned:	12/15/2014	Date of Injury:	12/16/2013
Decision Date:	03/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male was a sales associate when he sustained an injury on December 16, 2013. The mechanism of injury was not included in the provided medical records. Past Treatment included medication, medical marijuana, activity modification, bike riding, and meditation and a home exercise program. On October 17, 2014, the injured worker reported moderate neck and left hip pain, and blood in his stool. In addition, he reported 4-5 episodes of left chest and left arm pain with shortness of breath and diaphoresis in the past month. The injured worker's quality of sleep was poor. The physical exam revealed the chest was clear bilaterally, tenderness to palpation of the left chest wall, and normal exams of the upper and lower extremities, and the shoulder. Diagnoses included musculotendinligamentous sprain of the thoracic and lumbar spines, bulging disc and radiculopathy of the lumbar spine, lumbar facet arthropathy, left trochanteric bursitis, sacroiliac dysfunction, left hip tendinligamentous injury, adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, and insomnia. The injured worker's current medications included pain, muscle relaxant, anti-inflammatory, and anti-epileptic medications. The physician recommended a referral to a psychiatrist/psychologist for evaluation and treatment, electrodiagnostic testing, of the bilateral lower extremities and bilateral upper extremities, and chest x-rays. The injured worker's melatonin and a new pain medication were prescribed, and he was instructed to stop the previously prescribed medication. The injured worker was instructed to continue with his current activity modification, home exercise program,

bike riding, medical marijuana, and meditation. His current work status was modified work duty, but his employer could not accommodate the restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Rays 2 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, X-ray.

Decision rationale: The request for chest x-rays 2 views is not medically necessary. The Official Disability Guidelines recommend a chest x-ray for acute cardiopulmonary findings by history and physical or chronic cardiopulmonary disease in the elderly greater than 65. Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. Injured worker's examination noted a regular rate and rhythm with normal S1 and S2 with 0 murmurs, rubs or gallops. There is no rationale for the requested x-ray of the chest. No deficits noted on physical exam. As such, medical necessity has not been established.

EMG/NCV of the bilateral upper and lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for EMG/NCV of the bilateral upper and lower extremities is not medically necessary. California MTUS/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and metanalysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. There was a lack of neurological deficits noted upon physical exam. The provider's rationale for the request was not provided within the documentation. As such, medical necessity has not been established.