

Case Number:	CM15-0005095		
Date Assigned:	01/16/2015	Date of Injury:	04/17/2014
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
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:

The injured worker is a 40 year old male who sustained an industrial injury on 04/17/2014. The injured worker complains primarily of low back pain, and neck pain. Diagnoses include cervical radiculopathy, cervical facet syndrome, and spasm of muscle, cervical pain, post-concussion syndrome, entrapment neuropathy of the upper limb, hip pain, lumbar radiculopathy, low back pain, and lumbar facet syndrome. A physician progress note dated 12/19/2014 documents the injured worker has a pain level with medication in his low back as 4 of 10 and in his neck is 6 of 10. Without medication the pain in his back is 7 of 10, and his neck is 8 of 10. The injured worker has an antalgic gait, a slow gait and uses a cane. Range of motion in the cervical and lumbar back is restricted. On examination of the paravertebral muscles, hyper tonicity, spasm, tenderness, tight muscle band trigger point, and radiation is noted on both the cervical and lumbar spine. His left elbow and left wrist has a positive Tinel's sign. Left knee has decreased range of motion due to pain, and there is tenderness to palpation over the lateral joint line, medial joint line, patella and + dysesthesias. His left ankle is positive Tinel's to tarsal tunnel. Recent memory is impaired. Treatment to date has included medications, and physical therapy. The treating provider is requesting a referral to [REDACTED], and Electromyography and Nerve Conduction Studies of the bilateral lower extremities. On 12/30/2014 Utilization review modifies the request [REDACTED] [REDACTED] to a consultation to [REDACTED] citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM). On 12/30/2014 Utilization Review non-certifies the request for Electromyography and Nerve Conduction Studies of the bilateral lower extremities

citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Electromyography.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Lower Extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back, EMGs (electromyography)

Decision rationale: The patient presents with chronic neck and low back pain and headaches. The current request is for EMG/NCS Bilateral Lower Extremities. The treating physician requests on 11/19/14 (B98) EMG BLE for tarsal tunnel vs. lumbar radiculopathy. ACOEM states, Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. ODG states for EMGs, Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this case, the treating physician is attempting to use an EMG/NCS to aide in the diagnosis of tarsal tunnel vs. lumbar radiculopathy following more than 1-month conservative therapy and thus the current request is medically necessary. Recommendation is for authorization.

Referral to [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Pg. 127

Decision rationale: The patient presents with chronic neck and low back pain and headaches. The current request is for Referral to [REDACTED]. The treating physician states on 11/19/14 (B98) per the 11/7/14 Neuropsychologist report I would strongly recommend the following treatment measures: Initiation of formal cognitive rehabilitation services (e.g. speech therapy) is strongly indicated. I would recommend an integrated approach (e.g. [REDACTED] [REDACTED]) in order to help the patient to integrate rehab efforts into his daily life. ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is

usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The current request does not appear to be supported by the ACOEM guidelines for specialty referral. In this case, the treating physician feels that additional expertise may be required, however, the request does not specify the nature of the referral nor the specific duration, goal or purpose of the request. Therefore, the current request is not medically necessary and the recommendation is for denial.