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| Case Number: | CM15-0107848 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 02/09/2001 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, low back, wrist, and elbow pain reportedly associated with an industrial injury of February 9, 2001. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for EMG testing of bilateral lower extremities and a surgical evaluation for the neck. The claims administrator referenced a RFA form received on May 12, 2015 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were also employed to deny the surgical consultation. A May 11, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of neck, low back, and hip pain with associated leg paresthesias. The applicant neck pain had worsened. Facet injections were unsuccessful. The applicant stated that she was considering surgical intervention involving the cervical spine. An overall pain score of 7/10 was reported. The applicant was on various dietary supplements, vitamins, Coreg, aspirin, Remeron, Levoxyl, Seroquel, Norflex, Nexium, Valium, Relafen, isosorbide dinitrate, Nystatin cream, Neurontin, Aldactone, Prilosec, potassium, Lasix, and Pepcid, it was reported. The applicant had a lengthy medical and surgical history, which included Sjogren syndrome, reflux, multiple C-sections, cholecystectomy, spinal fusion, carpal tunnel release surgery, hysterectomy, left shoulder surgery, right shoulder surgery, ulnar release surgeries, and wrist fusion surgery. The applicant was wheelchair bound, it was reported. Painful cervical spine range of motion was noted with well-preserved upper extremity strength. The applicant had a history of opioid abuse, it was incidentally noted. Permanent work restrictions were renewed. The applicant was asked to consult a surgeon and follow up with a

psychiatrist. Electrodiagnostic testing of the bilateral lower extremities was sought. A cervical MRI was sought as a precursor to pursuit of a cervical spine surgery consultation. The attending provider did not clearly state, however, why electrodiagnostic of the lower extremities was being sought as there was no mention of the applicant's willingness to consider surgical intervention involving the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for EMG testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" in applicants who carry a diagnosis of a clinically obvious radiculopathy. Here, the applicant was described as having a clinically obvious radiculopathy. The applicant had undergone earlier failed lumbar spine surgery. It was not clearly stated how the proposed EMG testing would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate further surgical intervention involving the lumbar spine based on the outcome of study in question. It was not stated how (or if) the proposed EMG testing would influence or alter the treatment plan. It was not clearly stated, in short, why EMG testing was sought in the face of the applicant's already carrying a diagnosis of clinically obvious lumbar radiculopathy status post earlier failed lumbar spine surgery.

Surgical evaluation of the neck: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: Conversely, the request for surgical evaluation for the neck was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, if surgery is a consideration, counseling and discussion regarding likely outcomes, risks, benefits, and expectations is "essential." Here, the attending provider stated that the applicant was willing to consider surgical intervention involving the cervical spine. The attending provider noted that the applicant had significant functional impairment present on or around the date of the request, May 11, 2015. The applicant was wheelchair-bound on that date. Counseling regarding surgery was indicated. Therefore, the proposed surgical evaluation was medically necessary.

