

Case Number:	CM15-0180854		
Date Assigned:	09/22/2015	Date of Injury:	09/19/2012
Decision Date:	10/27/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 41 year old female, who sustained an industrial injury on 9-19-12. Medical record indicated the injured worker is undergoing treatment for lumbar facet syndrome. Treatment to date has included oral medications including Colace 100mg, Hydrocodone- Acetaminophen 7.5-325mg, Lyrica 150mg, Methacarbamol 750mg, Nucynta ER 50mg and Zolpidem 10mg, cervical fusion, shoulder surgery, physical therapy and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 11-19-14 revealed 2-3mm posterior central disc protrusion at L4-5, which indents the anterior thecal sac but does not result in significant spinal stenosis. (EMG) Electromyogram studies performed on 10-30-14 revealed chronic right S1 and chronic left L5 radiculopathy. Currently on 6-12-15, the injured worker complains of pain, numbness, aching and stabbing sensations in the low back greater than the legs; she does have leg symptoms that radiate down to the level of the ankles. The pain is exacerbated with extension, bending and rotation; she also complains of weakness in the lower extremity as well as numbness and tingling and rates the pain 7 out of 10. Physical exam performed on 6-12-15 revealed guarding of lumbar spine range of motion and diminished sensation in the L5 dermatome. On 7-29-15, a request for authorization was submitted for (EMG) Electromyogram of upper and lower extremities and on 11-11-14 for home health evaluation. On 8-6-15, utilization review non-certified requests for (EMG) Electromyogram of upper and lower extremities noting guidelines support the use of (EMG) Electromyogram in patients with low back symptoms lasting more than 3 to 4 weeks and they may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy but not

necessary if radiculopathy is already clinically obvious; in this case there is no documentation of subjective-objective findings consistent with radiculopathy-nerve entrapment that has not responded to conservative treatment; and home health evaluation noting guidelines recommend only for patients who are homebound or on an intermittent basis; within the medical information available for review there is no documentation the patient requires medical treatment and the patient is homebound on a part time or intermittent basis, therefore certification is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there is a lack of peripheral nerve dysfunction or evidence of radiculopathy/nerve entrapment that has not responded to conservative treatment. The request for EMG of the upper extremities is not medically appropriate and necessary.

EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with lumbar pain lasting more than 3-4 weeks. In this case, there is a lack of peripheral nerve dysfunction or evidence of radiculopathy/nerve entrapment that has not responded to conservative treatment. The request for EMG of the lower extremities is not medically appropriate and necessary.

Home health assistance with ADLS (Activities of Daily Living) and housework: 4 hours a day, 7 day a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Guidelines state that home health services are recommended only for patients receiving recommended medical treatment who are home bound generally for no more than 35 hours/week. In this case, there is no documentation that the patient requires specific medical treatment and the patient is homebound on a part time basis. The request for home health assistance 4 hours a day for 7 days for 3 months is not medically appropriate and necessary.