

Case Number:	CM15-0065661		
Date Assigned:	04/13/2015	Date of Injury:	08/22/2014
Decision Date:	07/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 injured worker is a 30 year old male, who sustained an industrial injury on 08/22/2014. He has reported subsequent neck, back, chest pain and headaches and was diagnosed with post traumatic headaches, cervical and lumbar spine sprain/strain and chest pain. Treatment to date has included anxiolytic medication. Acupuncture and physical therapy visits were noted as being authorized but there is no documentation as to whether these modalities were actually implemented. In a progress note dated 03/19/2015, the injured worker complained of intermittent moderate neck pain with radiation to the arm and low back, muscle spasm and sensation of shocks to the mid back, headaches and chest pain. Objective findings were notable for tenderness to palpation of the paracervical and trapezius musculature, restricted range of motion secondary to pain, muscle spasm, tenderness to palpation at the midline of the chest, increased tone and tenderness of the paralumbar musculature with tenderness at the midline, thoraco-lumbar junction and over L5-S1 facets and right greater sciatic notch with muscle spasms. A request for authorization of neurology consult was submitted for evaluation of headaches and neuropathic pain and EMG/NCV of the bilateral lower extremities and left upper extremity to assess neurological complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurologist consultation as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker has subjective neck pain with radiation into arms and low back, headaches, and chest pain. Neurological exam revealed diminished Achilles reflex bilaterally with generalized weakness of bilateral lower extremities. An MRI of the low back revealed a small disc bulge at L4-L5 without evidence of neural compromise. Injured worker has been approved for acupuncture and physical therapy that has not begun. Medical necessity has not been established for higher level care since these conservative treatments have not been completed and evaluated. The request for 1 Neurologist consultation as an outpatient is determined to not be medically necessary.

1 EMG and NCV studies of the left lower extremity as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The request for EMG bilateral lower extremities is determined to not be medically necessary. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for 1 EMG and NCV studies of the left lower extremity as an outpatient is determined to not be medically necessary.

1 EMG and NCV studies of the left upper extremity as an outpatient: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no evidence of objective neurological abnormality documented on exam. There is no evidence of a trial of conservative treatment. There is a request for acupuncture that has been approved but there is no evidence attached that the treatment has been started at this time. The request for 1 EMG and NCV studies of the left upper extremity as an outpatient is determined to not be medically necessary.

1 EMG and NCV studies of the right lower extremity as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The request for EMG bilateral lower extremities is determined to not be medically necessary. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for 1 EMG and NCV studies of the right lower extremity as an outpatient is determined to not be medically necessary.