

Case Number:	CM15-0084704		
Date Assigned:	05/07/2015	Date of Injury:	03/13/2014
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: California

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on 3/13/14. She reported initial complaints of back, chest, head, arm, and shoulder. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included psychotherapy. Diagnostics included MRI lumbar spine (6/19/14); MRI brain (2/16/15); EMG/NCV Upper Extremities (12/3/14). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains the second industrial injury of 3/13/14 of residual headaches, low back pain, posterior cervical pain, imbalance, and nausea that were "residua" of her 2009 head injury all worsened. She feels subsequent to this second injury, there has been a "loss of memory" and that her "vision got dull, less bright, darker." In the setting of her normal neurological examination on this date, the provider is unable to fully account for the reason for the worsening of her former symptoms and these new symptoms. The provider feels she has developed a chronic pain syndrome. "Specifically, it is likely that the original generators of her pain (i.e., soft tissue injuries in neck, scalp, low back, etc.) are no longer the primary generators of her chronic pain and that central sensitization has occurred over time in association with probable depression (which she denies), and this is primarily responsible for the multifocal pain complaints. SNRI antidepressant medications would be expected to help her manifold symptoms, including her chronic pain and a trial of such a medicine (e.g., Cymbalta, Effecor XR, Pristiq, and Fetzima) should be considered. He also notes she should undergo a brain MRI scan. (Please note a Brain MRI was completed and in the records dated 2/16/15- No intracranial pathology identified.) He is going to trial duloxetine (generic Cymbalta) starting at 20mg after dinner nightly and increasing to a gradual 60mg daily. The PR-2 notes dated 4/8/15 the provider requested : a EMG of L Lumbar for left lower extremity to assess her left lumbosacral radiculopathy and Internist referral for right chest/breast pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of L Lumbar (LLE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This injured worker receives treatment for multifocal chronic pain. This relates to a work-related injury on 03/13/2014. The patient complains of pain involving the head, neck, back, chest wall, upper extremities, and shoulders. A number of medications have been tried to control the pain including duloxetine. The medical diagnoses include chronic pain syndrome, chest wall contusion, facet arthropathy, and multilevel degeneration. This review addresses a request for an "EMG of the left lumbar (LLE)." The physical exam that is documented shows a SLR limited to 20 degrees by pain on the L leg. There is no documentation of hamstring tightness. Muscle strength is 5/5 and patellar and Achilles reflexes are 2/2 on both sides. Pinprick sensation is reduced on the L leg below the knee. In this case, the symptoms have been going on for more than 4 months. The EMG test may be medically indicated to further delineate a patient with radicular symptoms and neurologic findings that are inconsistent. This test was previously approved, but the patient did not wish to have it, but the patient does now. Based on the documentation, the EMG is medically necessary.

Internist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

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

Decision rationale: This injured worker receives treatment for multifocal chronic pain. This relates to a work-related injury on 03/13/2014. The patient complains of pain involving the head, neck, back, chest wall, upper extremities, and shoulders. A number of medications have been tried to control the pain including duloxetine. The medical diagnoses include chronic pain syndrome, chest wall contusion, facet arthropathy, and multilevel degeneration. This review addresses a request for an internist referral. In the documentation, the treating physician states that this is to rule out a non-industrial cancer. The patient previously had a breast lump and was referred to a general surgeon. The patient did not see a surgeon. The breast lump is no longer present. The documentation mentions "chest wall contusion" but there is no actual discussion of any injury to the chest wall or breast in the medical notes. There is no documentation of the physical exam of the chest wall. The patient is under the care of a pain management specialist. According to the ACOEM guidelines, a referral to another consultant may be indicated if the diagnosis and treatment is unclear or extremely complicated. In order to know if an internal medicine specialist is indicated, more information regarding the history physical exam, diagnostic studies, differential diagnosis, and treatments tried and failed are needed. Based on the documentation, referral to an internist is not medically necessary.