

Case Number:	CM15-0235653		
Date Assigned:	12/11/2015	Date of Injury:	06/15/2015
Decision Date:	01/14/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/02/2015

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: North Carolina
 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 54-year-old male, with a reported date of injury of 06-15-2015. The diagnoses include cervical sprain and strain with brachial radiculitis, thoracic sprain and strain with myospasm, and lumbar sprain and strain with sciatica. The progress report dated 09-08-2015 indicates that the injured worker had constant neck pain with numbness and tingling into both arms to the level of the fingers intermittently, and rated 7 out of 10. It was noted that the neck pain leads to headaches. The injured worker also had frequent mid back pain, rated 5 out of 10 and intermittent low back pain, rated 4 out of 10. The objective findings include tenderness to palpation of the cervical musculature; cervical flexion at 40 degrees; cervical extension at 50 degrees; bilateral shoulder depression that increased cervical pain; tenderness in the thoracic spine; tenderness to palpation in the L1-S1 with increased muscle tone; lumbar flexion at 45 degrees; lumbar extension at 10 degrees; and bilateral Kemp's increased lumbar pain. The injured worker had been instructed to remain off work until 11-08-2015. The progress report dated 10-01-2015 indicates that the injured worker had frequent neck pain, which was rated 2-4 out of 10, and associated with numbness and tingling in both arms into the level of the fingers, intermittently. It was noted that the neck pain leads to headaches. The injured worker also had frequent mild back pain, rated 4 out of 10 and intermittent low back pain, rated 4 out of 10. The objective findings include tenderness to palpation in the cervical musculature; cervical flexion at 40 degrees; cervical extension at 50 degrees; bilateral shoulder depression that increased cervical pain; tenderness in the thoracic spine; tenderness to palpation in the L1-S1 with increased muscle tone; lumbar flexion at 45 degrees; lumbar extension at 10 degrees; and bilateral Kemp's

increased lumbar pain. The injured worker had been instructed to remain off work until 12-01-2015. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have not been specified. The request for authorization was dated 10-01-2015. The treating physician requested pain management evaluation once a month; and EMG and NCV (electromyography and nerve conduction velocity) of the bilateral lower extremities. On 11-09-2015, Utilization Review (UR) non-certified the request for pain management evaluation once a month; and EMG and NCV (electromyography and nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management evaluation once a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states follow up visits are indicated based on ongoing need due to continuation of treatment and failure or monitoring of response to treatment. The request is for follow up for once a month with no defined time limit. Continued need for ongoing management cannot be thus determined. Therefore, the request is not medically necessary.

Electromyography/Nerve Conduction Velocity of bilateral lower extremities: Upheld

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

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

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to

identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.