

Case Number:	CM14-0121838		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2014
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported a date of injury of 01/14/2014. The mechanism of injury was reported as a motor vehicle accident. The injured worker had diagnoses of cervical strain/sprain, thoracic back strain, lumbar sprain with radiculopathy, left rib cage contusion and right hip contusion. Prior treatments included physical therapy. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of shoulder pain and neck pain radiating down the right lateral hip into the leg. The clinical note dated 07/08/2014 noted the injured worker had segmental motion restriction of the neck with tenderness to palpation and global restricted motion loss, muscle guarding and restricted movements of all planes of the thoracolumbar spine and, tenderness to palpation and weakness with flexion and abduction of the subacromial fossa. The injured worker had muscle guarding and tenderness to palpation with spasms of the lumbar musculature and, a positive straight leg raise at 45 degrees. Medications included cyclobenzaprine, tramadol, and Tylenol. The treatment plan included cyclobenzaprine, tramadol, and for the injured worker to follow up in 1 month. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 5/30/14) EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the left upper extremity is not medically necessary. The injured worker had complaints of shoulder pain and neck pain radiating down the right lateral hip into the leg. The California MTUS/ACOEM Guidelines indicate patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When a neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 to 4 weeks. The assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. There is a lack of documentation indicating suspicion of spinal stenosis or spinal cord myelopathy in the injured worker. Furthermore, there is a lack of documentation indicating the injured worker has specific nerve compromise on the neurologic examination to warrant imaging studies. Additionally, guidelines indicate an imaging study if failure to progress in a strengthening program intended to avoid surgery; however, the physical therapy note dated 04/09/2014 indicated the upper extremities and shoulder strength of the injured worker were within normal limits, with pain bilaterally of the interscapular area with resisted testing of the shoulders to indicate the injured worker has significant functional deficits. As such, the request is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 5/30/14) EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an EMG of the right upper extremity is not medically necessary. The injured worker had complaints of shoulder pain and neck pain radiating down the right lateral hip into the leg. The California MTUS/ACOEM Guidelines indicate patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4

week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When a neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study.

Electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 to 4 weeks. The assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. There is a lack of documentation indicating suspicion of spinal stenosis or spinal cord myelopathy in the injured worker. Furthermore, there is a lack of documentation indicating the injured worker has specific nerve compromise on the neurologic examination to warrant imaging studies. Additionally, guidelines indicate an imaging study if failure to progress in a strengthening program intended to avoid surgery; however, the physical therapy note dated 04/09/2014 indicated the upper extremities and shoulder strength of the injured worker were within normal limits, with pain bilaterally of the interscapular area with resisted testing of the shoulders to indicate the injured worker has significant functional deficits. As such, the request is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 5/30/14) NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an NCV of the right upper extremity is not medically necessary. The injured worker had complaints of shoulder pain and neck pain radiating down the right lateral hip into the leg. The California MTUS/ACOEM Guidelines indicate patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When a neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study.

Electromyography and nerve conduction velocities, including H reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more

than 3 to 4 weeks, The assessment may include sensory evoked potentials if spinal stenosis or spinal cord myelopathy is suspected. There is a lack of documentation indicating suspicion of spinal stenosis or spinal cord myelopathy in the injured worker. Furthermore, there is a lack of documentation indicating the injured worker has specific nerve compromise on the neurologic examination to warrant imaging studies. Additionally, guidelines indicate an imaging study if failure to progress in a strengthening program intended to avoid surgery; however, the physical therapy note dated 04/09/2014 indicated the upper extremities and shoulder strength of the injured worker were within normal limits, with pain bilaterally of the interscapular area with resisted testing of the shoulders to indicate the injured worker has significant functional deficits. As such, the request is not medically necessary.

NCV Left Upper Extremity: Upheld

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