

Case Number:	CM14-0135873		
Date Assigned:	09/03/2014	Date of Injury:	04/19/2014
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 Pain Management 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 57 year-old female who sustained an injury on April 21, 2014 and cumulative trauma from March 1, 2010 to April 21, 2014. She is diagnosed with (a) cervical spine herniated nucleus pulposus; (b) bilateral shoulder internal derangement, rule out left rotator cuff tear; (c) thoracic spine sprain and strain; (d) lumbar spine herniated nucleus pulposus; (e) bilateral elbow strain; and (f) secondary sleep deprivation. She was seen on July 23, 2014 for an evaluation. She had complaints of rare headaches, neck pain radiating to the bilateral shoulders, left greater than right shoulder pain, mid back pain, low back pain radiating to the bilateral lower extremities with right side greater than left numbness and tingling and burning sensations, and occasional bilateral lateral epicondylar pain. An examination of the cervical spine revealed painful range of motion. There was bilateral tenderness over the spinous processes and paravertebral muscles. Cervical distraction and shoulder depression tests were positive on the left side. An examination of the bilateral shoulder revealed limited range of motion. Apley scratch test and supraspinatus test were positive on the left side. An examination of the thoracolumbar spine revealed bilateral paravertebral muscle spasms. Range of motion was limited. Straight leg raising test was positive bilaterally. Braggard's test and Kemp's test were positive bilaterally as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 cervical and lumbar spine, left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for physical therapy 2 x 4 cervical and lumbar spines, left shoulder is considered not medically necessary at this time. Based on the objective findings relative to the cervical spine, lumbar spine and left shoulder and on the fact that the injured worker had never received treatment in the form of physical therapy yet, the clinical scenario of the injured worker warrants the need for sessions of physical therapy. Considering the clinical deficits and symptoms in the cervical spine, lumbar spine, and left shoulder, an initial six visits is reasonable to improve the injured worker's condition. Continued treatments should be based on documented positive response to care. It was determined that partial certification for physical therapy for the cervical spine, lumbar spine and left shoulder two times per week for three weeks would be recommended. However, since the full request of physical therapy 2 x 4 is not being recommended this request is not medically necessary at this time.

EMG (electromyography) left upper extremities: 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 (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography (EMG)

Decision rationale: The request for electromyography of the left upper extremity is not medically necessary at this time. It should be noted that the injured worker just recently initiated conservative treatment for her orthopedic complaints. Until reasonable conservative treatment has been provided yet symptomatology remained unresponsive, electromyography of the left upper extremity is not medically necessary at this time.

EMG (electromyography) right upper extremities: 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 (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography (EMG)

Decision rationale: The request for electromyography of the right upper extremity is not medically necessary at this time. It should be noted that the injured worker just recently initiated

conservative treatment for her orthopedic complaints. As mentioned, until reasonable conservative treatment has been provided yet symptomatology remained unresponsive, electromyography of the right upper extremity is not medically necessary at this time.

EMG (electromyography) left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography (EMG)

Decision rationale: The request for electromyography of the left lower extremity is not medically necessary at this time. It should be noted that the injured worker just recently initiated conservative treatment for her orthopedic complaints. As mentioned, until reasonable conservative treatment has been provided yet symptomatology remained unresponsive, electromyography of the left lower extremity is not medically necessary at this time.

EMG (electromyography) right lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography (EMG)

Decision rationale: The request for electromyography of the right lower extremity is not medically necessary at this time. It should be noted that the injured worker just recently initiated conservative treatment for her orthopedic complaints. As mentioned, until reasonable conservative treatment has been provided yet symptomatology remained unresponsive, electromyography of the right lower extremity is not medically necessary at this time.

NCV (nerve conduction study) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction study of the left upper extremity is not medically necessary at this time. According to the guidelines, nerve conduction study of the

upper extremity is considered only in cases when electromyography has not clearly confirmed presence of radiculopathy. Hence, the necessity of the request can only be considered pending results of electromyography. However, as the necessity for electromyography of the left upper extremity was not established as previously noted, the request for nerve conduction velocity study of the left upper extremity is not medically necessary.

NCV (nerve conduction study) right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction study of the right upper extremity is not medically necessary at this time. Guidelines stipulated that nerve conduction study of the upper extremity is considered only in cases when electromyography has not clearly confirmed presence of radiculopathy. Hence, the necessity of the request can only be considered pending results of electromyography. However, as the necessity for electromyography of the right upper extremity was not established as previously noted, the request for nerve conduction velocity study of the right upper extremity is not medically necessary.

NCV (nerve conduction study) left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time. Guidelines stated that nerve conduction studies are not recommended as there was limited evidence to support its use. They often gave low combined sensitivity and specificity in verifying root injury. Hence, the request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time.

NCV (nerve conduction study) right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time. Guidelines stated that nerve conduction studies are not recommended as there was limited evidence to support its use. They often gave low combined sensitivity and specificity in verifying root injury. Hence, the request for nerve conduction velocity study of the left lower extremity is not medically necessary at this time.

Ortho evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The request for a referral to an orthopedist is not medically necessary at this time. This is not in accordance to the guideline as there was no evident documentation of severe compromise subjectively and objectively from the medical records reviewed to necessitate a referral.