

Case Number:	CM14-0218208		
Date Assigned:	02/12/2015	Date of Injury:	09/15/2014
Decision Date:	05/21/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Public Health & General Preventive 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 44 year old male, who sustained an industrial injury on September 15, 2014. The mechanism of injury involved heavy lifting. The diagnoses have included lumbar spinal stenosis. Treatment to date has included oral medication. The injured worker also underwent inguinal hernia repair, back surgery and a right total knee replacement. In a progress note dated December 18, 2014, the treating provider reports joint pain and stiffness and headaches. The injured worker reported back pain which was characterized as dull ache, stabbing and burning. The pain radiated to the right and left thigh. The current medication regimen includes Norco, Ibuprofen, and Neurontin. There was no comprehensive physical examination provided; however, the physician noted no changes in the physical examination or clinical status. It was also noted that the injured worker had been approved for a surgical consultation. Recommendations included a refill of the current medication regimen and a reassessment following the surgical consultation. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Electromyography (EMG).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify septal, focal neurologic dysfunction in patients with neck or arm symptoms lasting longer than 3 or 4 weeks. In this case, there was no recent comprehensive examination of the cervical spine or the bilateral upper extremities provided for this review. There is no evidence of a motor sensory deficit upon examination there is also no mention of a recent attempt and at any conservative management for the cervical spine or the bilateral upper extremities. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify septal, focal neurologic dysfunction in patients with neck or arm symptoms lasting longer than 3 or 4 weeks. In this case, there was no recent comprehensive examination of the cervical spine or the bilateral upper extremities provided for this review. There is no evidence of a motor sensory deficit upon examination there is also no mention of a recent attempt and at any conservative management for the cervical spine or the bilateral upper extremities. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

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Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify septal, focal neurologic dysfunction in patients with neck or arm symptoms lasting longer than 3 or 4 weeks. In this case, there was no recent

comprehensive examination of the cervical spine or the bilateral upper extremities provided for this review. There is no evidence of a motor sensory deficit upon examination there is also no mention of a recent attempt and at any conservative management for the cervical spine or the bilateral upper extremities. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

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