

Case Number:	CM15-0009242		
Date Assigned:	01/27/2015	Date of Injury:	03/25/2014
Decision Date:	05/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 56-year-old female, who sustained an industrial injury on March 25, 2014. The injured worker has reported neck, back and right shoulder pain. The diagnoses have included cervical discopathy, lumbar discopathy, rule out internal derangement of the right shoulder and right lumbar five radicular symptoms. Treatment to date has included pain medication, MRI, Toradol injection and ice and heat application. Current documentation dated November 13, 2014 notes that the injured worker complained of low back pain radiating to the lower extremities, she also was experiencing a progressive weakness in the lower extremities. The pain was characterized as sharp in the back and burning in the lower extremities. Associated symptoms include numbness and tingling. She also noted constant sharp right shoulder pain radiating between the arms and neck. The pain was rated a six out of ten on the Visual Analogue Scale. She also reported cervical pain with radiation to the upper extremities. Associated symptoms included headaches, numbness, and tingling. Physical examination of the lumbar spine revealed pain with radicular pain to the lower extremities. Range of motion was restricted. Cervical spine examination showed tenderness and reproducible pain in the upper extremities. Range of motion was limited with pain. Right shoulder examination showed tenderness and positive Hawkins and impingement signs. On December 22, 2014 Utilization Review non-certified a request for an electromyography and nerve conduction velocity study of the bilateral lower extremities. The MTUS, ACOEM Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of an electromyography and nerve conduction velocity study 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:

NCV of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to ACOEM, for most patients presenting with true low back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The IW underwent an MRI of the lumbar spine in May 2014, which showed moderate right L4-5 and mild left L3-4 through L5-S1 disc herniation with associated foraminal stenosis. The physical examinations also showed neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate since there is already medical evidence of neurologic involvement.

EMG of Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

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

Decision rationale: According to ACOEM, for most patients presenting with true low back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The IW underwent an MRI of the lumbar spine in May 2014, which showed moderate right L4-5 and mild left L3-4 through L5-S1 disc herniation with associated foraminal stenosis. The physical examinations also showed neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate since there is already medical evidence of neurologic involvement.

NCV of Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to ACOEM, for most patients presenting with true low back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The IW underwent an MRI of the lumbar spine in May 2014, which showed moderate right L4-5 and mild left L3-4 through L5-S1 disc herniation with associated foraminal stenosis. The physical examinations also showed neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate since there is already medical evidence of neurologic involvement.

EMG of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back- Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

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

Decision rationale: According to ACOEM, for most patients presenting with true low back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The IW underwent an MRI of the lumbar spine in May 2014, which showed moderate right L4-5 and mild left L3-4 through L5-S1 disc herniation with associated foraminal stenosis. The physical examinations also showed neurological deficit that would indicate a pinched nerve. This request is not medically necessary and appropriate since there is already medical evidence of neurologic involvement.