

Case Number:	CM15-0019821		
Date Assigned:	02/09/2015	Date of Injury:	06/22/2000
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, California
 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 72 year old male, who sustained an industrial injury on 6/22/2000. The documentation noted that the injured worker is status post right shoulder arthroscopy with rotator cuff repair, removal of loose body, chondroplasty of the humeral head, limited debridement of degenerative labral tear, subacromial decompression, distal clavicle excision and partial acromioplasty with coracoacromial ligament (CA MTUS) ligament release of the right shoulder that was performed on 11/9/14. The diagnoses have included partial tear rotator cuff. Per the records provided on 1/16/15 patient had complaints of low back pain and physical examination of the lumbar region revealed tenderness on palpation and positive SLR. A detailed recent physical examination of the low back by the treating physician was not specified in the records provided. Any previous diagnostic imaging report was not specified in the records provided. The medication list includes Celebrex and Diltiazem. The patient's surgical history includes pacemaker placement, bilateral CTR, left elbow and bilateral shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303. Decision based on Non-MTUS Citation Low back chapter 5/12/14 CT (computed tomography)

Decision rationale: Request: CT Scan of the Lumbar Spine Per the ACOEM low back guidelines cited below "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." As per cited guideline indications for the CT scan include "Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion" Any evidence of lumbar spine trauma of fusion was not specified in the records provided. The diagnoses have included partial tear rotator cuff. Any significant functional deficits of the low back since the date of injury by treating physician were not specified in the records provided. Per the records provided on 1/16/15 patient had complaints of low back pain and tenderness on palpation and positive SLR. Any previous diagnostic imaging report was not specified in the records provided. A detailed physical examination of the low back by the treating physician since the date of injury was not specified in the records provided. Any of these indications for lumbar spine CT scan were not specified in the records provided. Patient did not have any progressive neurological deficits that are specified in the records provided. A report of recent lumbar plain radiograph was also not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Prior PT visits notes were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The rationale for the CT scan request was not specified in the records provided. The medical necessity of the request for CT Scan of the Lumbar Spine is not fully established in this patient.

Electromyography (EMG) of the Lower Extremities: 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 (ACOEM) Occupational Medicine Practice Guidelines; APG 1 Plus, 2010, Chapter: Low back disorders, Clinical Measures, Diagnostic Investigations, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304.

Decision rationale: Request: Electromyography (EMG) of the Lower Extremities Per ACOEM chapter 12 guidelines, "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." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The diagnoses have included partial tear rotator cuff. Per the records provided on 1/16/15 patient had complaints of low back pain and tenderness on palpation and positive SLR. A detailed physical examination of the low back by the treating physician since the date of injury was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the lower extremities that are specified in the records provided. The medical records provided did not specify any evidence of lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for Electromyography (EMG) of the Lower Extremities is not fully established for this patient.