

Case Number:	CM15-0112702		
Date Assigned:	06/19/2015	Date of Injury:	01/19/2015
Decision Date:	08/18/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 Jersey

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 35 year old female patient who sustained an industrial injury on 01/19/2015. The accident was described as while working normal duty as a cook cleaning stove burners two days consecutively, she began experiencing pain in her right shoulder and upper back radiating into the neck. The injury was reported. She states having seen her primary care where she was examined and told she had a muscle strain. She was referred to a course of physical therapy of which she completed 4 sessions without improvement. She then was sent to workers compensation group for evaluation underwent radiography study, and continues with chiropractic care. A follow up visit dated 05/11/2015 reported the patient with subjective complaint of having neck, upper back and right shoulder pain. Prior treatment modality to include: heat therapy, physical therapy, chiropractic care and oral medications: Vicodin, Naproxen, and Tramadol. A visit dated 05/08/2015 reported the patient stating she noticed less pain with the treatment. Objective findings showed limited and painful cervical range of motion. She was diagnosed with: cervical neuritis, and cervicobrachial syndrome. The plan of care noted the patient to undergo acupuncture sessions, a magnetic resonance imaging study of cervical spine and electrodiagnostic nerve conduction study. She was diagnosed with neck muscle spasm and left trapezius strain. She is to return to a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)/EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was a history of upper back and upper extremity symptoms and associated diagnosis since the stated injury date, however, nowhere in the recent notes provided for review was there any complaint of any low back or lower extremity symptoms or was there any significant positive findings on physical examination to suggest any neurological pathology of any type related to the left lower extremity or lower back areas to warrant EMG of the left lower extremity. Therefore, the request for such based on the documentation provided is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)/EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was a history of upper back and upper extremity symptoms and associated diagnosis since the stated injury date, however, nowhere in the recent notes provided for review was there any complaint of any low back or lower extremity symptoms nor was there any significant positive findings on physical examination to suggest any neurological pathology of any type related to the right lower extremity or lower back areas to warrant NCV of the right lower extremity. Therefore, the request for such based on the documentation provided is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)/EMGs (electromyography).

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