

Case Number:	CM15-0119982		
Date Assigned:	06/30/2015	Date of Injury:	07/29/2014
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

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 71 year-old female who sustained an industrial injury on 07/29/14. She reports upper and lower back pain after lifting. Initial diagnoses include thoracic and lumbar strain/sprain, and lumbar radiculitis. Treatments to date include MRI, chiropractic therapy, acupuncture, epidural steroid injection, pain/muscle relaxant/anti-inflammatory medication, and orthopedic surgeon consultation. In a progress note dated 06/03/15 the injured worker reports moderate throbbing upper/mid back pain with stiffness, and cramping. She reports occasional throbbing right hip pain with stiffness, and cramping. Current diagnoses include lumbar facet hypertrophy, and right hip sprain/strain. Physical examination was significant for the thoracic and lumbar spine ranges of motion were within normal limits. The right hip ranges of motion were within normal limits. Prescribed medications cause nausea, vomiting, and diarrhea. She has failed conservative treatment. Treatment recommendations include home exercise, 4 wheeled walker, psychology evaluation, EMG/NCV of lower extremities, and follow-up orthopedic surgeon consultation. The injured worker is under temporary total disability. Date of Utilization Review: 06/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "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". ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician has not provided documentation of any subjective complaints or objective findings of the left lower extremity that would indicate the need for bilateral lower extremity EMG. As such the request for Electromyography (EMG) of lower extremities is not medically necessary.

Follow up with ortho surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examination and Consultations (pp 127,156).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected", and further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific

screening". The treating physician does not detail the rationale or provide additional information for the requested evaluation. The most recent orthopedic note provided indicates the patient is to follow up PRN. The treating physician has not provided the specific goal of the orthopedic follow up or what medications or symptoms are to be evaluated and treated. As such, the request for Follow up with ortho surgeon is not medically necessary at this time.