

Case Number:	CM15-0129755		
Date Assigned:	07/16/2015	Date of Injury:	04/11/2014
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 74 year old male who sustained an industrial injury on 4/11/14 when he was entering a vehicle and the driver pulled away causing the injured worker to fall backwards on the left side of his body. He was medically evaluated, x-rayed, put on temporary disability, had physical therapy and prior surgery wound was infected. He was previously injured 12/13/13 with laceration to left lower leg. He currently complains of continuous neck pain (4/10) with growth in the cervical spine and pain radiating to bilateral shoulders blades, numbness and tingling in bilateral shoulders and arms, frequent headaches; continuous pain in bilateral shoulders with radiation to the arms with popping, clicking, grinding sensation and periodic numbness and tingling; continuous low back pain with radiation to the legs and with numbness and tingling which causes him to lose his balance and fall; intermittent bilateral hip pain with radiation to the legs and with numbness and tingling; bilateral leg pain with episodes of numbness and tingling. On physical exam of the cervical spine there was spasm and tenderness over the paravertebral musculature, upper trapezium; the shoulders displayed tenderness at the anterior deltoid and biceps tendon bilaterally and the acromioclavicular joint on the left, impingement and Hawkin's signs were positive bilaterally and Jobe's sign was positive on the left, Apprehension and re-location test were positive on the left, Yergason test was positive bilaterally; wrist exam showed positive Phalen and reverse Phalen bilaterally; lumbar spine revealed tenderness and spasm in the paravertebral muscle. His activities of daily living are limited regarding lifting, standing, walking. He ambulated with a walker. Medications were Tramadol, Tylenol, and ibuprofen. Diagnoses include cervical radiculopathy; bilateral shoulder tendonitis; lumbar radiculopathy; bilateral hip tendonitis; lumbar radiculopathy rule out diffuse idiopathic skeletal hyperostosis versus ankylosing spondylitis. Treatments to date include

physical therapy; acupuncture; medications which provide improvement. Diagnostics included x-rays of the cervical spine showing osteophyte formation; lumbar spine x-rays revealed multilevel syndesmophytes; electro diagnostic studies dated 5/26/15 revealed normal electromyography and abnormal nerve conduction study showing moderate compression of the median nerve at the carpal tunnel; MRI of the cervical spine (6/1/15) showing disc herniation, protrusion; MRI of the lumbar spine (6/2/15) showing spinal stenosis, neural foraminal stenosis; electrodiagnostic studies of bilateral lower extremities (6/23/15) normal. In the progress note dated 4/30/15 the treating provider's plan of care includes requests for motorized scooter to allow the injured worker to mobilize himself; neurodiagnostic studies of the lower extremities as it is difficult to determine whether the injured worker's complaints are related to peripheral neuropathy from diabetes versus lumbar radiculopathy or peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Multiple Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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). 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. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.

NCV Multiple Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapters on low back complaints and the need for lower extremity EMG/NCV states: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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). 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. There are unequivocal objective findings of nerve compromise on the neurologic exam provided for review. However, there is not mention of surgical consideration. There are no unclear neurologic findings on exam. For these reasons, criteria for lower extremity EMG/NCV have not been met as set forth in the ACOEM. Therefore, the request is not medically necessary.

Motorized Scooter Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines powered mobility devices Page(s): 99.

Decision rationale: The California section on powered mobility devices states: Power mobility devices (PMDs) - Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The review of the provided clinical documentation does not meet criteria as outline above and the request is not medically necessary.