

Case Number:	CM15-0095374		
Date Assigned:	05/21/2015	Date of Injury:	12/04/2014
Decision Date:	06/25/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, 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 63-year-old female, with a reported date of injury of 12/04/2014. The diagnoses include cervical/cervicothoracic sprain/strain, lumbar sprain/strain, sciatica/neuralgia or neuritis of the sciatic nerve, left wrist injury, and status post left wrist surgery. Treatments to date have included functional capacity evaluation, x-rays of the cervical spine, x-rays of the lumbar spine, x-rays of the left wrist, and oral medications. The progress report dated 03/16/2015 indicates that the injured worker's subjective findings remained the same. The objective findings were not documented. The initial comprehensive orthopedic report dated 01/29/2015 indicates that the injured worker complained of pain in the neck, rated 9 out of 10 with radiation to both shoulders and weakness in her left hand; lumbar spine pain rated 8 out of 10 with radiation to the left hip and left lateral thigh to her knee; and left hand and little finger pain, rated 7 out of 10. She was experiencing difficulty with her activities of daily living. The physical examination showed tenderness to palpation about the cervical spine and upper trapezius muscles, no trigger points in the cervical spine, positive bilateral cervical compression, decreased cervical spine range of motion, positive left shoulder impingement test, no tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex or rotator cuff on the right or left, negative Tinel's sign at the elbows, no pain to palpation of the elbows or wrists, no evidence of carpal tunnel syndrome or tendinitis, decreased wrist range of motion, tenderness to palpation about the bilateral sacroiliac joints and left sciatic notch, and decreased lumbar spine range of motion. The treating physician requested EMG/NCV (electromyography/nerve conduction velocity) of the bilateral upper extremities and bilateral lower extremities, and Toradol 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG- neck chapter and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, there is no mention of inconsistencies in imaging and exam. There are no peripheral upper extremity abnormalities noted neurologically despite mention of a positive compression test. The reason for EMG/NCV is not clearly justified and not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, there is no mention of inconsistencies in imaging and exam. There are no lower extremity abnormalities noted neurologically. The reason for EMG/NCV of the lower extremities is not clearly justified and not medically necessary.

Retrospective Toradol 60mg IM (Given at office visit of 4/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. In this case, the claimant already has a risk of GI bleeding. Toradol IM is a potent NSAID and not indicated for those with bleeding risk. In addition the claimant had already been on oral analgesics and muscle relaxants. The Toradol is not medically necessary.