

Case Number:	CM14-0143764		
Date Assigned:	09/12/2014	Date of Injury:	01/10/2013
Decision Date:	10/22/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 whose date of injury is 01/10/13. The mechanism of injury is not provided, but the injured worker is noted to have had significant triggering along the long finger on the right. She is status post tenosynovectomy and release along A1 pulley of the long finger on the right done on 06/30/14. The records indicate that the injured worker has been treated for head, neck back and extremity complaints which has included medications, physical therapy, activity modification, and other modalities. The injured worker most recently was seen on 08/14/14 for her right hand. It was noted that she has not yet started physical therapy after her A1 pulley release. The injured worker also is noted to have pain along the neck and back. She has fallen twice, which she believes is because her left knee gave out. She is noted to have had low back surgery. On examination she has tenderness along the cervical and lumbar paraspinal muscles bilaterally. Gait is slow, steady and slightly wide-based. She can barely stand on toes and heels. Current medications were listed as Tramadol, naproxen, Protonix, Flexeril, Trazodone, LidoPro lotion, Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test EMG, of the bilateral upper extremities quantity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The records indicate that the injured worker has undergone previous MRI of the cervical spine, but no radiology report was submitted for review with objective evidence of neurocompressive pathology that may result in radiculopathy. There is no detailed physical examination with findings of neurologic deficit in motor, sensory or reflex functions. It is unclear if the injured worker previously has undergone electrodiagnostic testing that was authorized in April 2014. Per ACOEM, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. Based on the clinical information provided, the request for diagnostic test EMG, of the bilateral upper extremities is not recommended as medically necessary.

Specialist referral to pain management physician for possible cervical and lumbar spine quantity: QTY: 1:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: Per ACOEM, referral for consultation may be indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The injured worker in this case has subjective complaints of neck and back pain. She is reported to have had lumbar surgery, but the date and extent of surgical intervention is not reported. There is no documentation that the injured worker has had any recent conservative care for the neck or low back. There is no evidence of neurologic deficit with motor, sensory or reflex changes on physical examination that would support the need for pain management referral for evaluation and/or treatment typically provided by a pain management specialist. Based on the clinical information provided, medical necessity is not established for specialist referral to pain management physician for possible cervical and lumbar spine.

Specialist referral to Physiatrist, for the right foot quantity: QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines. 2nd Ed (2004) page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: Per ACOEM, referral for consultation may be indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The injured worker in this case has subjective complaints pertaining to the right foot, but there is no detailed physical examination of the right foot, and no diagnostic/imaging studies were provided. There is no indication as to treatment to date for the right foot. No clear rationale was stated to support the need for physiatrist referral. Based on the clinical information provided, medical necessity is not established for specialist referral to Physiatrist, for the right foot.