MAXIMUS Federal Services

Case Number:	CM13-0026042		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	02/18/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 physician 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 patient is a 32-year-old male who reported an injury on 5/4/12. The patient is currently diagnosed with right shoulder tendinitis, right shoulder osteoarthritis, and lumbar spine herniated nucleus pulposus. The patient was seen by [redacted] on 7/20/13. The patient reported 8/10 right shoulder pain and 7/10 lower back pain. Physical examination revealed normal gait, tenderness with spasm in the lumbar paraspinal muscles and over the spinal segments L3-L5, slightly diminished range of motion, intact sensation, 5/5 motor strength in all muscle groups bilaterally, and 2+ deep tendon reflexes. Treatment recommendations included continuation of current medications, an MRI of the right shoulder, an EMG/NCV study of the right upper extremity and right and left lower extremities, a TENS unit, and an orthopedic surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. As per the clinical notes submitted, the patient's physical examination on the requesting date of 7/20/13 indicated intact sensation to pinprick and light touch, 5/5 motor strength in bilateral lower extremities, and 2+ deep tendon reflexes bilaterally. There is no evidence of neurological deficit in either of the lower extremities. The medical necessity for the requested service has not been established. Therefore, the request for EMG of the bilateral lower extremities is non-certified.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As per the clinical notes submitted, the patient's physical examinati

Decision rationale: Nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. As per the clinical notes submitted, the patient's physical examination on the requesting date of 7/20/13 indicated intact sensation to pinprick and light touch, 5/5 motor strength in bilateral lower extremities, and 2+ deep tendon reflexes bilaterally. There is no evidence of neurological deficit in either of the lower extremities. The medical necessity for the requested service has not been established. Therefore, the request for NCV of the bilateral lower extremities is non-certified.