

Case Number:	CM13-0029267		
Date Assigned:	02/12/2014	Date of Injury:	07/03/2001
Decision Date:	04/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Science and is licensed to practice in Maryland. 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 patient is a 62 year old female with a work injury dated 7/3/01. Her diagnoses includes cervical radiculopathy, bursitis, rotator cuff syndrome. There is a request for medically necessity of nerve conduction testing and EMG of the lower extremities. On 1/30/13 she had a cervical epidural steroid injection. There is a 9/3/13 primary treating physician report that states that the patient presents with ongoing pain in the in the bilateral shoulders, neck, right knee and left hip. It radiates from right shoulder to left hand. The patient describes her pain as aching, stinging, shooting, throbbing and radiating. She rates her pain 9 on a scale of 0 to 10. The pain is constant, lasting throughout the day. Associated symptoms include numbness and tingling, headaches and swelling. The patient reports difficulty sleeping due to pain and anxiety. On physical exam there are trigger points palpated in the upper trapezius bilaterally. Cervical spine: forward flexion is 10 degrees, extension is 30 degrees, rotation to the L is 40 Degrees, rotation to the R is 60 degrees, lateral bending to the L is 10 degrees, lateral bending to the R is 20 degrees. Shoulder range of motion is pain limited. There is hyperesthesia to light touch noted in the upper and lower extremities. The exam of the shoulders revealed a positive apprehension test, Hawkin's test (+). The patient has persistent ongoing pain and paraesthesias with muscle spasms and restricted range of motion of the shoulder along with weakness. Physical therapy is going slowly at this time along with home exercise program. Based on the weakness in the shoulder we recommend that we get and EMG nerve conduction test to test for acute changes in the brachial plexus of the shoulder. A 9/5/13 initial consultation with a spine surgeon states that the gait is normal and coordinated. Romberg is negative. The patient has tenderness in the mid cervical spine as well as right paraspinous region towards the right trapezius. She has limited forward flexion as well left lateral rotation and bending due to pain. She has a positive Spurling test towards the right, and

mildly positive Hoffmann on the left hand. She has normal sensation, although she does have a positive impingement test on the right and weakness in the right shoulder. She has slight decreased sensation in the right lateral forearm. Strength in the right biceps and right wrist flexors as well as wrist extensors are 4/5 partly due to pain but partially because she also notes some mild weakness. The biceps, brachioradialis and triceps reflexes are 1/2. Knee reflexes are 1/2. Lower extremity shows normal motor and sensory function with normal hip and knee flexors and also rotation stability. Normal blood supply in the hands and legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE EMG OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 61, 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Electrodiagnostic Testing (EMG/NCS)

Decision rationale: 1 EMG of the right lower extremity is not medically necessary per the MTUS and ODG Guidelines. The ODG states that electrodiagnostic testing should be medically indicated. The MTUS ACOEM low back chapter states that 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. The documentation submitted does not reveal evidence of low back pain meeting these guidelines. There is no documentation on history of physical exam suggesting a generalized peripheral polyneuropathy, entrapment/compression neuropathy, motor neuron disease, lumbar radiculopathy or other indication that would necessitate electrodiagnostic testing of the bilateral lower extremities. The request for 1 EMG of the right lower extremity is not medically necessary.

ONE EMG OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 61, 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Electrodiagnostic Testing (EMG/NCS)

Decision rationale: 1 EMG of the left lower extremity is not medically necessary per the MTUS and ODG Guidelines. The ODG states that electrodiagnostic testing should be medically indicated. The MTUS ACOEM low back chapter states that 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. The documentation submitted does not reveal evidence of low back pain meeting these guidelines. There is no documentation

on history or physical exam suggesting a generalized peripheral polyneuropathy, entrapment/compression neuropathy, motor neuron disease or other indication that would necessitate electrodiagnostic testing of the bilateral lower extremities. The request for 1 EMG of the left lower extremity is not medically necessary.

NCV OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 61, 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Electrodiagnostic Testing (EMG/NCS)

Decision rationale: 1 NCV of the right lower extremity is not medically necessary per the MTUS and ODG guidelines. The ODG states that electrodiagnostic testing should be medically indicated. The MTUS ACOEM low back chapter states that 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. The documentation submitted does not reveal evidence of low back pain meeting these guidelines. There is no documentation on history or physical exam suggesting a generalized peripheral polyneuropathy, entrapment/compression neuropathy, motor neuron disease or other indication that would necessitate electrodiagnostic testing of the bilateral lower extremities. The request for 1 NCV of the right lower extremity is not medically necessary.

NCV OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 61, 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Electrodiagnostic Testing (EMG/NCS)

Decision rationale: 1 NCV of the left lower extremity is not medically necessary per the MTUS and ODG guidelines. The ODG states that electrodiagnostic testing should be medically indicated. The MTUS ACOEM low back chapter states that 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. The documentation submitted does not reveal evidence of low back pain meeting these guidelines. There is no documentation on history or physical exam suggesting a generalized peripheral polyneuropathy, entrapment/compression neuropathy, motor neuron disease or other indication that would necessitate electrodiagnostic testing of the bilateral lower extremities. The request for 1 NCV of the left lower extremity is not medically necessary.