

Case Number:	CM13-0033253		
Date Assigned:	06/16/2014	Date of Injury:	06/04/1989
Decision Date:	07/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 & Rehabilitation and is licensed to practice in California. 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:

This 64 year-old patient sustained an injury on 6/4/1989. Diagnoses include Cervical spinal stenosis/ multi-level cervical spine disc herniations/ cericogenic; Subacromial subdeltoid bursitis/ s/p left shoulder arthroscopy (December 2012). Report of 3/19/13 from the provider noted patient with chronic head, neck, shoulders, right knee and back pain. The patient has been deemed P&S with future medical per supplemental AME report of 6/11/12. There were no specific subjective complaints relating to low back or lower extremities. Exam of the lumbar spine only noted limited range of motion in all planes without any other findings. Diagnoses were cervicalgia, chronic in nature; bilateral shoulder impingement s/p arthroscopic correction 12/2012; right knee sprain/strain but no current complaints; and headaches, mixed migraine. Plan included medications, urine labs, shoulder therapy and MRI of cervical spine. Report of 9/3/13 from the provider noted the patient had complaints of very little pain with some numbness and tingling from the low back down the back of both legs to the heels. Exam of the low back was essentially unremarkable without neurological deficits. Report of 1/8/14 from the provider noted patient with thoracic, lumbar spine, left shoulder, neck and rib complaints for injury of 6/4/1989. Lumbar spine pain is 5/10 with numbness radiating to bottoms of his feet. Minimal objective findings of lumbar spine noted excellent flexion with limited extension and lateral flexion; negative toe and heel walk. No other objective findings recorded. Diagnoses included Lumbago with treatment plan for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

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

Decision rationale: This 64 year-old patient sustained an injury on 6/4/1989 from a motor vehicle accident while employed by [REDACTED]. Request under consideration include NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES and ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES. Diagnoses include Cervical spinal stenosis/ multi-level cervical spine disc herniations/ cericogenic; Subacromial subdeltoid bursitis/ s/p left shoulder arthroscopy (December 2012). Report of 3/19/13 from the provider noted patient with chronic head, neck, shoulders, right knee and back pain. The patient has been deemed P&S with future medical per supplemental AME report of 6/11/12. There were no specific subjective complaints relating to low back or lower extremities. Exam of the lumbar spine only noted limited range of motion in all planes without any other findings. Diagnoses were cervicgia, chronic in nature; bilateral shoulder impingement s/p arthroscopic correction 12/2012; right knee sprain/strain but no current complaints; and headaches, mixed migraine. Plan include medications, urine labs, shoulder therapy and MRI of cervical spine. Report of 9/3/13 from the provider noted the patient had complaints of very little pain with some numbness and tingling from the low back down the back of both legs to the heels. Exam of the low back was essentially unremarkable without neurological deficits. Report of 1/8/14 from the provider noted patient with thoracic, lumbar spine, left shoulder, neck and rib complaints for injury of 6/4/1989. Lumbar spine pain is 5/10 with numbness radiating to bottoms of his feet. Minimal objective findings of lumbar spine noted excellent flexion with some limited extension and lateral flexion range; negative toe and heel walk. No other objective findings recorded. Diagnoses included Lumbago with treatment plan for medications. There are no imaging study provided. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for NCV has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, peripheral neuropathy, or entrapment syndrome, only with continued chronic pain with exam findings of limited range without neurological deficits. Additionally, there is minimal justification for performing nerve conduction studies (NCV) when a patient is presumed to have symptoms on the basis of radiculopathy. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES is not medically necessary and appropriate.

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG/ NCV has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with exam findings of limited range without neurological deficits. Submitted reports have not demonstrated specific positive imaging study with specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The request is not medically necessary and appropriate.