

Case Number:	CM13-0038275		
Date Assigned:	12/18/2013	Date of Injury:	09/12/2012
Decision Date:	03/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation 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 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 45-year-old female who reported an injury on 09/12/2012. The mechanism of injury was stated to be someone was operating a forklift and pushed a table and hit the patient's left hip and the boxes fell and hit the patient's left shoulder. The most recent physical examination dated 07/18/2013 revealed the patient had complaints of constant low back pain with radiation to the left leg, numbness, tingling, and aching. The patient had constant complaints of cervical spine pain with radiation to her left shoulders and arm, aching, sharp, severe, numbness, and tingling, burning, and throbbing. Upon examination of the cervical spine and lumbar spine, the patient had decreased range of motion. The patient had tenderness to palpation in the left lumbar paraspinal musculature. Upon shoulder examination, the patient had an impingement test that was positive on the left. The range of motion for the bilateral shoulders were normal. The diagnoses were noted to include left shoulder contusion, low back sprain/strain, herniated nucleus pulposus of the lumbar spine, sciatica of the lumbar spine, cervical spine sprain/strain, and herniated nucleus pulposus. The recommendations were noted to be an evaluation by pain management doctor for consideration of lumbar and cervical epidural steroid injections, medications, and topical compounded transdermal creams. The request as submitted was noted to be for EMG/NCV of the bilateral upper extremities and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for EMG for bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that 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. The clinical documentation submitted for review failed to indicate neurologic dysfunction as there was lack of a sensory and myotomal examination. Given the above, the request for EMG bilateral upper extremities is not medically necessary.

Decision for EMG for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM 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 clinical documentation submitted for review failed to indicate neurologic dysfunction as there was lack of a sensory and myotomal examination. Given the above, the request for EMG bilateral lower extremities is not medically necessary

Decision for NCV for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that 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. The clinical documentation submitted for review failed to provide documented rationale as for the need for an NCV of the bilateral upper extremities as there was lack of documented objective findings including testing of the nerves. Given the above, the request for NCV of the bilateral upper extremities is not medically necessary.

Decision for NCV for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

Decision rationale: Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had symptoms of radiculopathy. There was lack of documentation indicating necessity for NCV of the bilateral lower extremities. Given the above, the request for decision for NCV of the bilateral lower extremities is not medically necessary.