

Case Number:	CM13-0047822		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2013
Decision Date:	02/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/04/2013

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 Acupuncture and Pain Medicine 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 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:

48 year old female injured worker with date of injury 5/17/13 with related pain of the cervical spine, shoulders and lumbar spine. She is diagnosed with lumbar spine strain, cervicothoracic spine strain, bilateral shoulder impingement syndrome. She is refractory to physical therapy, including electrical stimulation, hot packs, and massage; and medication. MRI studies are pending authorization. Per 7/30/13 note, the injured worker reported chronic constant pain in her low back that radiated down to bilateral legs, numbness and tingling down to bilateral legs with stiffness. X-ray of the lumbar spine was performed and revealed no soft tissue, vertebral body, or disc space abnormalities present. Further physical therapy is pending authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve conduction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182, 213, 303.

Decision rationale: Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical

exam, and imaging study are consistent, is not recommended. The UR physician implies that there were no neurologic deficit findings to support a potential radiculopathy for which to support electrodiagnostic testing. However, the fact that the IW notes sciatica and numbness and tingling in the legs, and has been unable to have an MRI obtained, raises clinical suspicion for radiculitis despite a lack of neurological changes on exam. Per MTUS ACOEM p303, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). 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." EMG/NCS in this case with the inability to obtain an MRI is not medically necessary.