

Case Number:	CM13-0051885		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2013
Decision Date:	02/20/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

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 & 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 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 60-year-old female who reported an injury on 02/11/2013. The mechanism of injury was a fall. The resulting injury was a fracture of the right greater tuberosity with minimal displacement in the shoulder. The patient was initially placed in a sling for 4 weeks of immobilization, and then began 12 sessions of physical therapy. At the end of her initial therapy sessions, she continued to have decreased functional deficits and was referred for continuation of physical therapy. The patient continued to complain of persistent pain in the right shoulder, low back, and right knee, and was referred for pain management. The patient received an MRI of the lumbar spine on 06/21/2013 that revealed an L4-5 dehiscence of the nucleus pulposus with a 1.5 mm posterior disc protrusion and an L5-S1 dehiscence of the nucleus pulposus with a 2 mm posterior disc protrusion. A cervical MRI performed on the same date, revealed a C3-4 dehiscence of the nucleus pulposus with a 1.5 mm posterior disc protrusion and a C4-5 dehiscence of the nucleus pulposus with a 2 mm posterior disc protrusion. MRI performed on the same date revealed mild impingement syndrome of the right shoulder and tendinosis of the rotator cuff without a tear. A physical examination performed on 06/26/2013 reported that the patient had no loss of sensation in any of the corresponding lumbar dermatomes, and her muscle strength was 5/5 throughout as well. She did have decreased lumbar range of motion, to include flexion of 45 degrees and extension of 20 degrees. On 07/13/2013, the patient received a cervical epidural steroid injection, right suprascapular nerve block, right shoulder mobilization under anesthesia, and a steroid injection to the right shoulder. The patient received a lumbar epidural steroid injection on 08/15/2013 and reported an increase in pain after the procedure. Again, in physical examination on 09/13/2013, the patient had no decreased sensation, muscle weakness, or reflexes in

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Electromyography (EMG) Nerve Conduction studies (NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for EMG of the right upper extremity is non-certified. .

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Electromyography (EMG) Nerve Conduction studies (NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for EMG of the right lower extremity is non-certified. .

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Electromyography (EMG)
Nerve Conduction studies (NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for EMG of the left lower extremity is non-certified. .

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Electromyography (EMG)
Nerve Conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back
Complaints.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patients' sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for EMG of the left upper extremity is non-certified. .

NCS right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Nerve Conduction studies
(NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for NCS of the right upper extremity is non-certified.

NCS left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Nerve Conduction studies (NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for NCS of the left upper extremity is non-certified.

NCS right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation ODG Neck and Upper Back Nerve Conduction studies (NCS)

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patients' sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for NCS of the right lower extremity is non-certified.

NCS left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG Neck and Upper Back Nerve Conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend special studies or imaging in patients with persistent neck or upper back problems. If the patient has failed 3 to 4 weeks of conservative care, then further testing may be performed. EMG and NCV in particular, are not warranted unless there is a need to confirm questionable neurologic findings on physical examination. The medical records provided for review did not provide sufficient evidence that the patient may have nerve involvement. Numerous physical examinations state that the patient's sensory, motor, and reflex exams were intact throughout in the bilateral upper and lower extremities, and there was no documentation of subjective complaints of significant muscle weakness or numbness and tingling in the extremities. As such, additional special studies are not indicated at this time, and the request for NCS of the left lower extremity is non-certified.