

Case Number:	CM13-0061491		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2003
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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:

The injured worker is a 42-year-old male who reported an injury on 09/27/2003. The clinical note dated 11/19/2013 noted the injured worker was seen for follow up regarding complaints of pain that affected his cervical spine, lumbar spine, left shoulder, and left knee. The injured worker had been taking Motrin tablets 3 tablets a day, Ultram 4 tablets a day, and Prilosec. He reported that he was using Bio-Therm topical cream. The injured worker reported improvement in his pain levels from 7/10 to 4/10 on the pain scale of 0 to 10 after taking his medications. The physical examination of the bilateral knees revealed flexion limitations to 140 degrees bilaterally and extension to 0 degrees bilaterally. There was noted tenderness over the medial joint line bilaterally. Patellofemoral grind test was positive bilaterally. Muscle strength was 4/5 with the quadriceps and the hamstrings. The diagnoses given on the clinical visit sheet dated 10/24/2013 included chronic cervical musculoligamentous sprain/strain with 3 mm disc herniation, status post anterior cervical fusion and decompression with resolution, lumbar disc herniation, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendonitis, right subacromial impingement with status post arthroplasty of the right shoulder resolution, left knee medial meniscal tear, arthroscopy with residual chondromalacia of the patella, and right knee chondromalacia of the patella. The documentation for review did not include the request for authorization for medical treatment for the request for the electromyography (EMG) of the bilateral lower extremities between 11/18/2013 and 01/02/2014 and the decision for the NCV (nerve conduction velocity) of the bilateral lower extremities between 11/18/2013 and 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) EMG OF THE BILATERAL LOWER EXTREMITY BETWEEN 11/18/2013 and 1/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS/ACOEM states that electromyography including h-reflex tests may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting greater than 4 weeks. The clinical information provided did not document the presence neurological deficits to support the necessity of the requested EMG. Therefore, the request is non-certified.

ONE (1) NCV OF THE BILATERAL LOWER EXTREMITY BETWEEN 11/18/2013 and 1/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines (ODG) state that the nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have one of the symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, electromyography (EMG) /nerve conduction studies (NCS) often have low combination sensitivity and specificity in the confirming of root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical information provided for review did not document the presence of neurological deficits on examination to support the necessity of the requested NCV (nerve conduction velocity). Therefore, the request is non-certified.