

Case Number:	CM13-0072548		
Date Assigned:	01/17/2014	Date of Injury:	07/08/2009
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational 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 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 patient has submitted a claim for bilateral shoulder, and low back pain associated with an industrial injury date of July 8, 2009. Treatment to date has included medications, physical therapy, injections, lumbar laminectomy at L4-5, and shoulder arthroscopy. Medical records from 2013 were reviewed, the latest of which was dated July 23, 2013, which showed that the patient complained of bilateral shoulder pain radiating to the elbows, which was increased with backward reaching, pushing, pulling, repetitive movement, and lifting greater than 7-8 pounds. He also complained of low back pain radiating into the right leg and heel accompanied by numbness and tingling. Pain was increased with sitting longer than 15-20 minutes, standing and walking longer than 10 minutes, bending, stooping, squatting, going up and down the stairs, going from a seated to a standing position, pushing, pulling, and lifting greater than 7-8 pounds. On physical examination, there were arthroscopy scars on both shoulders. There was also tenderness on both shoulders but impingement and apprehension tests were negative bilaterally. Thoracolumbar spine examination showed a vertical surgical scar with mild guarding and spasm and restricted range of motion. There was slight hypesthesia along the medial aspect of the left thigh. Lasegue's test was equivocal on the left. Patrick's, Flip and Cram tests were negative bilaterally. He was able to ambulate with a normal gait. Utilization review from December 6, 2013 denied the request for NCV (motor) bilateral lower extremities, NCV (sensory) bilateral lower extremities, and EMG bilateral lower extremities because there has been no documentation of changes in lumbar pathology with a new nerve root compromise or a peripheral neuropathy that would support further evaluation with electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (MOTOR) OF THE BILATERAL LOWER EXTREMITIES (RFA: 12-25-13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (7/18/09), page 6.

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, Nerve Conduction Studies (NCS).

Decision rationale: CA MTUS does not specifically address nerve conduction studies (NCS); however, the Official Disability Guidelines state that NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the latest medical report with history and physical examination findings was dated July 23, 2013 (10 months to date); thus, the current functional status of the patient is unknown. There is no clear indication for a NCS at this time. Therefore, the request for nerve conduction velocity (motor) of the bilateral lower extremities is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (SENSORY) OF THE BILATERAL LOWER EXTREMITIES (RFA: 12-25-13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (7/18/09), page 6.

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, Nerve Conduction Studies (NCS).

Decision rationale: CA MTUS does not specifically address nerve conduction studies (NCS); however, the Official Disability Guidelines state that NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the latest medical report with history and physical examination findings was dated July 23, 2013 (10 months to date); thus, the current functional status of the patient is unknown. There is no clear indication for a NCS at this time; therefore, the request for nerve conduction velocity (sensory) of the bilateral lower extremities is not medically necessary and appropriate.

ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES (RFA: 11-25-13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, LOW BACK CHAPTER, PAGE 303.

Decision rationale: According to page 303 of the ACOEM Low Back Chapter, electromyography (EMG) IS indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the latest medical report with history and physical examination findings was dated July 23, 2013 (10 months to date); thus, the current functional status of the patient is unknown. There is no clear indication for an EMG at this time. Therefore, the request for electromyogram (EMG) of the bilateral lower extremities is not medically necessary and appropriate.