

Case Number:	CM14-0016276		
Date Assigned:	04/11/2014	Date of Injury:	03/26/2013
Decision Date:	10/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old male was reportedly injured on March 26, 2013. The mechanism of injury is noted as delivering cabinets. The most recent progress note, dated April 3, 2014, indicates that there were ongoing complaints of right shoulder pain, neck pain, and low back pain. The physical examination demonstrated decreased cervical spine range of motion with tenderness over the cervical spine paravertebral muscles. Examination of the right shoulder indicated decreased range of motion and a positive impingement sign as well as pain with cross arm adduction. Shoulder surgery was discussed. A prior note, dated January 9, 2014, indicated decreased range of motion of the lumbar spine and a positive bilateral straight leg raise test at 50. There was also decreased sensation at the anterior lateral calf. Diagnostic imaging studies were unavailable. Previous treatment includes a lumbar spine medial branch block, an intra-articular shoulder injection, and an SI joint injection. A request had been made for EMG and NCV studies of the bilateral lower extremities and was not certified in the pre-authorization process on January 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a MRI of the lumbar spine, this request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of documentation of a MRI of the lumbar spine, this request for NCV studies of the bilateral lower extremities is not medically necessary.