

Case Number:	CM14-0111793		
Date Assigned:	09/16/2014	Date of Injury:	04/05/2011
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 55 year old female who sustained an industrial injury on 04/05/2011. The mechanism of injury occurred when she fell out of her office chair injuring her lower back. Her diagnoses include lumbago, lumbar sprain, cervical strain, cervicalgia, cervical disc disorder, lumbar disc disorder, and cervical and lumbar radiculopathy. She continues to complain of neck and low back pain. On exam there is decreased cervical range of motion with cervical muscle tenderness to palpation from C4-T1. There is decreased range of motion of the lumbar spine with normal motor and sensory exams. Treatment has included medications including narcotic analgesics, physical therapy, TENS unit, and steroid injection therapy. The treating provider has requested an MRI of the bilateral shoulders, and EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: There is no documentation provided necessitating an MRI studies of both shoulders. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. In this case, there is no history of subjective complaints of shoulder pain or dysfunction or any physical exam evidence of any neurologic abnormalities. Medical necessity for the requested bilateral shoulder MRI has not been established. The requested service is not medically necessary.

EMG of the bilateral lower extremity with neurology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. Per the medical documentation there are nonspecific findings on exam and a lack of subjective complaints of radiculopathy. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the bilateral lower extremities. The documentation indicates that the motor and sensory exams of the lower extremities are normal. Medical necessity for the requested service has not been established. The requested service is not medically necessary.