

Case Number:	CM14-0173656		
Date Assigned:	10/27/2014	Date of Injury:	07/31/2014
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Interventional Spine 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 is a 62-year-old male with an injury date of 07/31/14. Based on the 09/25/14 progress report provided by [REDACTED], the patient complains of neck pain rated 5-6/10 that radiates into this bilateral shoulders and low back pain rated 5-7/10 that radiates to his right hip and leg. Physical examination to the cervical spine revealed limited range of motion, secondary to pain, especially on extension 25 degrees. The right upper arm showed decreased sensation to light touch. Physical examination of the lumbar spine revealed tenderness to palpation with spasms on the bilateral paraspinals, over the right gluteal muscle and the right sacroiliac. Range of motion was limited, especially on extension 10 degrees. Positive Sitting Root and Straight Leg Raise test at 20 degrees on the right and 25 degrees on the left. Decreased sensation to light touch at the right lateral thigh. Reflexes were normal. Examination of the upper extremity revealed inflammation on the right elbow, and decreased sensation along the ulnar pattern on the right. Examination of the shoulders revealed positive Impingement and Apprehension on the right. The patient's medications include Cyclobenzaprine, Hydrocodone, Ibuprofen, Pantoprazole, and transdermal compounds. The patient is temporarily totally disabled. Medical record does not show that patient had electrodiagnostic tests conducted to either the upper or lower extremities. Diagnosis on 09/25/14 was cervical spine sprain/strain; bilateral shoulder sprain/strain with impingement; right elbow sprain/strain; lumbar spine sprain/strain with radiculitis; right hip sprain/strain; right knee sprain/strain; right knee effusion; right knee lateral meniscus tear; and myospasms. The utilization review determination being challenged is dated 10/09/14. The rationale follows: 1) Electromyography/Nerve Conduction Velocity of the Lower Extremities: "no significant neurological deficits..." 2) Electromyography/Nerve

Conduction Velocity of the Upper Extremities: "no significant neurological deficits..."
 is the requesting provider and he provided treatment reports from 08/01/14 - 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Nerve Conduction Studies and Electromyography (EMG)

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

Decision rationale: The patient presents with low back pain rated 5-7/10 that radiates to his right hip and leg. The request is for Electromyography/Nerve Conduction Velocity of the Lower Extremities. His diagnosis dated 09/25/14 included lumbar spine sprain/strain with radiculitis, right hip and knee sprain/strain. Physical examination on 09/25/14 revealed Positive Sitting Root, Straight Leg Raise test at 20 degrees on the right and 25 degrees on the left and decreased sensation to light touch at the right lateral thigh. For Electromyography (EMG), ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." The utilization review letter dated 10/09/14 states that "there were no significant neurological deficits..." However, the patient presents with low back pain and radicular symptoms supported by physical examination findings and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. Review of reports does not show that an electrodiagnostic test has been done. Therefore, this request is medically necessary.

Electromyography/Nerve Conduction Velocity of the Upper Extremities: Overturned

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 Official Disability Guidelines, Low Back, Lumbar & Thoracic, Nerve Conduction Studies and Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The patient presents with neck pain rated 5-6/10 that radiates into his bilateral shoulders. The request is for Electromyography/Nerve Conduction Velocity of the Upper Extremities. His diagnosis dated 09/25/14 included cervical spine sprain/strain, bilateral shoulder sprain/strain with impingement and right elbow sprain/strain. Physical examination to the cervical spine on 09/25/14 revealed limited range of motion, especially on extension 25 degrees. The right upper arm showed decreased sensation to light touch along the ulnar pattern

on the right. Examination of the shoulders revealed positive Impingement and Apprehension on the right. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The utilization review letter dated 10/09/14 states that "there were no significant neurological deficits..." However patient presents with radiculopathy and possible peripheral neuropathy, which require electrodiagnostic studies to differentiate. Review of reports does not show that an electrodiagnostic test has been done. Therefore, this request is medically necessary.