

Case Number:	CM14-0174585		
Date Assigned:	10/27/2014	Date of Injury:	08/18/2013
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 47-year old female presenting with injury on 08/18/2013. The patient was diagnosed with myofascial pain, cervical strain, neck pain with probable cervical radiculitis, thoracolumbar strain, bilateral leg pain with numbness, weakness and intermittent right arm numbness. The patient was treated with medications, physical therapy and right shoulder rotator cuff repair. MRI of the right shoulder showed mild supraspinatus tendinosis without a tear MRI of the lumbar spine showed mild degenerative changes, L4-5 mild diffuse disc bulge with a slightly asymmetric 2 mm right foraminal component and mild bilateral facet arthropathy and ligamentum flavum redundancy and a mildly congenitally narrowed spinal canal with short pedicles resulting in mild spinal canal stenosis. The physical exam showed tenderness over the right paraspinal, trapezius and parascapular shoulder girdle, mild subacromial tenderness and equivocal impingement sign, myofascial tenderness to palpation over the right trapezius, cervical and parascapular shoulder muscles, lumbar spine showed tenderness to palpation from T12-L5, paraspinal tenderness and minimal tenderness over the PSIS and buttock, pain at end range of motion and facet joint loading positive mildly at L3-5 paraspinal bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261 and 303.

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 Pain, Treatment Consideration

Decision rationale: EMG/NCS bilateral upper extremities are not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for an EMG/NCS of the bilateral upper extremities; therefore the request is not medically necessary.