

Case Number:	CM14-0039530		
Date Assigned:	06/30/2014	Date of Injury:	04/28/1998
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 04/28/1998. The mechanism of injury was not stated. Current diagnoses include pain in a joint of the lower leg, unspecified peripheral neuropathy, degenerative lumbar/lumbosacral intervertebral disc, lumbago, brachial neuritis or radiculitis, intervertebral cervical disc disorder with myelopathy, interstitial myositis, cervicgia, displacement of cervical intervertebral disc without myelopathy, unspecified myalgia and myositis, degeneration of cervical intervertebral disc, and endocarditis. The injured worker was evaluated on 02/19/2014 with complaints of severe neck and lower back pain. It is noted that the injured worker was actively participating in physical therapy. Physical examination on that date revealed normal deep tendon reflexes in the upper and lower extremities, tenderness to palpation of the cervical spine, positive straight leg raising bilaterally, tenderness to palpation of the lumbar spine, decreased bilateral upper extremity strength, mild tenderness in the shoulder area bilaterally, taut muscle bands with a positive twitch response and referred pain in the left shoulder, and normal pulses in the upper and lower extremities. Treatment recommendations at that time included authorization for upper and lower extremities NCV/EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker's physical examination only revealed decreased strength in the upper extremities. The injured worker demonstrated intact sensation with normal deep tendon reflexes. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity as not been established, the request is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed positive straight leg raising bilaterally. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity as not been established, the request is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker's physical examination only revealed decreased strength in the upper

extremities. The injured worker demonstrated intact sensation with normal deep tendon reflexes. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity as not been established, the request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed positive straight leg raising bilaterally. There is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for electrodiagnostic testing at this time. As the medical necessity as not been established, the request is not medically necessary.