

Case Number:	CM14-0051199		
Date Assigned:	07/07/2014	Date of Injury:	06/28/2012
Decision Date:	08/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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:

This is a 54 year-old female with a 6/28/12 date of injury. The patient was seen on 1/7/14 with complaints of rebound pain after 2 weeks of physical therapy. The patient was again seen on 2/28/14 with complaints of low back pain and worsening right shoulder pain. He stated he had another injection but did not feel it provided much relief. He is still noted to be in physical therapy. Exam findings from a progress note dated 3/17/14 noted flexion improved from 130 to 154 degrees, and abduction improved from 130 to 155 degrees. Strength of the right shoulder was 4-4+/5, and tenderness was noted along the supraspinatus insertion. He was again seen on 3/18/14 and stated he tried to increase exercise and range of motion of the shoulder with therapy but has severe pain in the anterior glenohumeral joint with overhead pain. The diagnosis is impingement syndrome. Treatment to date: PT, medications. An adverse determination was received on 3/28/14 given there was limited documentation of neurological deficits to justify the need for testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back Chapter-EMG, NCS).

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has low back pain complaints, however there is a lack of documentation regarding neurological deficits or radicular symptoms of the lower extremities. The rationale for this study is unclear. Therefore, the request for an EMG/NVS of the lower extremities is not medically necessary.