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| Case Number: | CM14-0065616 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 02/24/2014 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 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:

The injured worker is a 72-year-old female who had worked related injuries on 02/24/14; mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 06/11/14. The injured worker presented with neck pain radiating down the right side with numbness, tingling at times in the shoulder, numbness, and tingling to all fingers in the right hand. Right shoulder pain/swelling at the joint and went down to the right side of the chest. Low back pain with stiffness, numbness, tingling to the right leg and foot. Impinged right shoulder with abduction of 168 degrees. Physical examination revealed cervical tenderness with limited range of motion down the right side. Right shoulder rotator cuff tenderness with clinical impingement syndrome. Lumbosacral tenderness. There was tenderness over right gluteal area. Straight leg raise was positive at 70 degrees on the right and 85 on the left. The injured worker had decreased sensation over right anterior thigh and in both hands. MRI of lumbar spine dated 05/23/14 L1-2 mild disc narrowing and disc desiccation was present with at least mild narrowing, disc bulging with 5mm of posterior extension slightly eccentric to the right. L4-5 disc bulging of 2mm. L5-S1, 5mm of anterior listhesis, there was moderate to prominent bilateral neural foraminal narrowing. Diagnosis cervical spine strain with right radicular pain. Tendinitis right shoulder with impingement syndrome. Lumbosacral spine strain with right radicular pain. Prior utilization review on 04/30/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lower left extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM web site: WWW.acoempracguides.org/lowback.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As noted in current CAMTUS, EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. However, electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. As such, the request for EMG of lower left extremity is not medically necessary.

NCV of left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM web site: www.acoempracguides.org/lowback.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As such, the request for NCV of left lower extremity is not medically necessary.