

Case Number:	CM14-0190294		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 54-year-old with a reported date of injury of 05/29/2010. The patient has the diagnoses of cervical spine strain, lumbar spine strain, right shoulder surgery, right knee surgery, left knee strain, cephalgia, cervical radiculopathy and sciatica. Previous treatment modalities have included chiropractic care, surgery and epidural steroid injections. Per the requesting physician's progress notes dated 07/09/2014, the patient had complaints of neck, right knee, right shoulder and left knee pain. There were no reports of any new numbness or tingling or pain in new body areas. The physical exam noted diminished sensation in the right mid-anterior thigh, right mid-lateral calf and right lateral ankle. Though it is unclear from the progress notes, per the utilization review a request was then made for a repeat MRI of the neck, MRI of the lumbar spine, EMG/NCS of the bilateral upper and lower extremities, right shoulder MRI and bilateral knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and EMG/NCV states: Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The progress notes showed no new complaints of numbness or tingling. There are no physical findings that mention the upper extremities and no documentation of neurologic deficits in the upper extremities. Based on the medical evidence and the criteria for EMG not being met, this request is not medically necessary.