MAXIMUS Federal Services

Case Number:	CM14-0200719		
Date Assigned:	12/11/2014	Date of Injury:	12/10/2013
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional Spine 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 patient is a 34-year-old female with an injury date of 12/10/2013. Based on the 05/21/2014 progress report, the patient complains of pain over her neck, left knee, left shoulder, left hip, and left lower back. Examination of the cervical spine shows spasm and examination of the lumbar spine shows decreased range of motion especially on the L4-L5 and L5-S1 levels. She has tenderness over the left lower back, left hip area, and thoracic spine. The patient has a positive straight raise. The 09/11/2014 report states that the patient has pain in her left shoulder and lumbar spine. She has a guarded range of motion with her left shoulder as well as tenderness/weakness. No further exam findings were provided on this report. The 10/31/2014 report indicates that the patient continues to have pain in her left shoulder and left leg. She is unable to walk without assistance. Sensory exam revealed hyperesthesia of the left leg as compared to the right. The 10/02/14 MRI of the lumbar spine revealed the following: 1) Straightening of the lumbar lordosis may reflect an element of myospasm 2) L4-L5, L5-S1: 2.4 mm broad-based disc herniation abutting the thecal sac The 10/03/14 MRI of the left shoulder showed the following: 1) fluid; subacromial bursitis 2) supraspinatus: tendinosis 3) infraspinatus: tendinosis 4) acromioclavicular joint: osteoarthritis The patient's diagnoses include the following: 1. Sprain rotator cuff of left shoulder. 2. Sprain lumbar spine versus displaced disk.3. Displaced disk, lumbar spine. The utilization review determination being challenged is dated 11/13/2014. Treatment reports are provided from 05/05/2014-10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Left Upper and Lower Extremities, per 10/31/14 exam quantity 2.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Nerve conduction studies (NCS), Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262; 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 206, EMG/NCV. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS) neck and upper back (acute and chronic) chapter, EMG.

Decision rationale: The patient presents with pain over her neck, left knee, left shoulder, left hip, and left lower back. The request is for an EMG/NCV OF THE LEFT UPPER AND LOWER EXTREMITIES, PER 10/31/14 EXAM QUANTITY: 2.00 "for subclinical diagnosis of cervical and lumbar radiculopathy which may have been related to the injuries on the left side of her body." There were no prior EMGs or NCVs provided. ACOEM Guidelines page 206 states: "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." For EMG, ACOEM Guidelines page 303 states, "Electromyography, including H-reflex test may be useful to identify subtle, focal neurology dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG Guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, second edition (2004), chapter 11, page 260-262 states, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. In this case, the patient has pain over her neck, left knee, left shoulder, left hip, and left lower back. Examination of the cervical spine shows spasm. She has a guarded range of motion with her left shoulder as well as tenderness/weakness. Examination of the lumbar spine shows decreased range of motion especially on the L4-L5 and L5-S1 levels. She has tenderness over the left lower back, left hip area, and thoracic spine as well as a positive straight raise. Sensory exam revealed hyperesthesia of the left leg as compared to the right. The treater is requesting for an EMG/NCV of the left upper and lower extremities "for subclinical diagnosis of cervical and lumbar

radiculopathy." An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. With the patient's chronic symptoms, the requested EMG/NCV of the left upper and lower extremities IS medically necessary.