

Case Number:	CM14-0025121		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2012
Decision Date:	09/15/2015	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male with an industrial injury dated 10-01-2012. The injury is documented as a fall with pain in back, neck, left knee and ankle. His diagnoses included lumbar spine spondylosis with degenerative disc disease, cervicothoracic spondylosis, left knee degenerative arthritis, history of left knee meniscal tears and left shoulder impingement syndrome. Prior treatment included surgery, therapy, diagnostics and medications. He presents on 01-27-2014 with increased symptoms since his last visit to the office. He had lower back pain rated as 9 out of 10 with numbness and tingling in the lower extremities, neck pain rated 8 out of 10 with numbness in the left lower extremity, left knee pain 9 out of 10 with buckling and left shoulder pain rated 8 out of 10. Objective findings on exam of the cervical spine noted muscle spasm and tenderness present in the cervical paraspinal musculature. There was muscle guarding and spasm present in the thoracic and lumbar spine. Treatment plan included MRI of thoracic and lumbar spine, EMG-NCV of the bilateral upper and lower extremities, pain management consultation and left knee arthroscopy and associated surgical services. The treatment request for review is for EMG/NCV bilateral upper extremities and EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for neck and low back pain, left knee pain, left shoulder pain, and numbness and tingling. Upper extremity numbness and tingling and lower extremity radicular symptoms have been present since at least November 2013. When seen on 01/27/14 he was having increased symptoms. There was numbness and tingling in the lower extremities. Physical examination findings included pain with spinal range of motion and multiple areas of tenderness and muscle spasms. Left shoulder impingement testing was positive. There was left knee and ankle tenderness and pain with knee range of motion. Authorization was requested for MRI scans of the thoracic and lumbar spine and bilateral upper and lower extremity electrodiagnostic testing. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. When requested, there was no recorded neurological examination. The claimant's symptoms had been present for more than one year. The documentation submitted for review does not support the need for obtaining bilateral upper extremity or bilateral lower extremity EMG or NCS testing. This request is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 534.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for neck and low back pain, left knee pain, left shoulder pain, and numbness and tingling. Upper extremity numbness and tingling and lower extremity radicular symptoms have been present since at least November 2013. When seen on 01/27/14 he was having increased symptoms. There was numbness and tingling in the lower extremities. Physical examination findings included pain with spinal range of motion and multiple areas of tenderness and muscle spasms. Left shoulder impingement testing was positive. There was left knee and ankle tenderness and pain with knee range of motion. Authorization was requested for MRI scans of the thoracic and lumbar spine and bilateral upper and lower extremity electrodiagnostic testing. Electrodiagnostic testing

(EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. When requested, there was no recorded neurological examination. The claimant's symptoms had been present for more than one year. The documentation submitted for review does not support the need for obtaining bilateral upper extremity or bilateral lower extremity EMG or NCS testing. This request is not medically necessary.