

Case Number:	CM15-0001144		
Date Assigned:	01/12/2015	Date of Injury:	01/15/2010
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained a work related injury while working in a door and window factory as an assembler and welder. He was required to continuously use hand tools and power tools with repetitive use of his upper extremities, and repetitive squatting, kneeling, bending and twisting. On the date of injury, while working on a window, he developed a sharp pain in his elbow, hand and shoulder with loss of strength. He also complained of lower back pain where he was prescribed medications and referred for physical therapy. He continued with back and shoulder pain. Diagnoses made were chronic cervical spine strain, left shoulder sprain, left elbow epicondylitis, left 4th digit crush injury and lumbar strain. He received chiropractic treatments with physiotherapy modalities which were beneficial. The injured worker also received a steroid injection to his elbow but his shoulder pain worsened. Magnetic Resonance Imaging (MRI) of the shoulder revealed a full thickness tear. Currently, On October 16, 2014, the injured worker complains of pain in his neck which radiates down to both shoulders and headaches. Electromyogram was requested to be performed of the upper and lower extremities. On December 15, 2014, Utilization Review non-certified electromyogram/NCV of the bilateral lower extremities, noting the MTUS/ACOEM criteria. There were enough variants findings in examination of the upper extremities to warrant electromyogram/NCV but not so for the 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, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. Injuries are recommended, as an option, to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured workers working diagnoses are cervical sprain/strain with left-sided radiculopathy; left shoulder sprain/strain; left elbow sprain/strain; left wrist sprain/strain; lumbar sprain/strain with right-sided radiculopathy; lumbar sprain/strain with left-sided radiculopathy; and plantar fasciitis. Subjectively, the injured worker has persistent radicular symptoms of the left leg (remainder of note is illegible). Objectively, the documentation is illegible. An MRI of the lumbar spine was performed September 5, 2014. It showed multilevel this disease including a 4 mm disc protrusion at L4 - L5 and L5 - S1 with an annular tear. At L3 - L4 there is a 2.7 mm disc protrusion with bilateral neuroforaminal narrowing. The guidelines indicate there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The documentation is largely illegible, however, it is noted the patient has "persistent radicular symptoms to left leg". EMGs are not necessary if radiculopathy is already medically obvious. Consequently, absent clinical documentation (legible documentation) to support an EMG/NCV of the bilateral lower extremities, EMG/NCV of the bilateral lower extremities is not medically necessary.