

Case Number:	CM15-0003684		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2012
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 64 year old male who sustained a work related injury on April 28, 2012, after suffering head injuries and shoulder injuries. He was an inspector of underground telephone lines and utility poles. He had multiple facial fractures, clavicle and rib fractures and subdural hemorrhages resulting traumatic brain injury. He had multiple surgeries including a cervical corpectomy and anterior cervical fusion, Open Reduction and Internal Fixation clavicle fracture and evacuation of a chest hematoma. Activities of daily living, communication and cognition skills and physical activities were all affected. Treatments included multiple surgeries, medications, physical, occupational and speech therapy. In 2013, he complained of continued upper extremity numbness and pain. He was diagnosed with left glenohumeral osteoarthritis; radiculopathy status post left clavicle fracture. January 2014, he underwent anterior cervical fusion. Treatment was physical therapy and medications. Currently, he presents with complaints of neck tightness, limited motion and numbness of the left upper extremity, low back pain, spasms and right and left shoulder pain and numbness and weakness. On 10/21/14 he complains of numbness and tingling in the right thigh. Physical exam failed to show decreased sensation, abnormalities in strength or reflexes. Magnetic Resonance Imaging (MRI) and X rays were performed and reportedly showed severe disc disease. A request was made for electromyogram studies. On December 8, 2014, Utilization Review non-certified a request for electromyogram studies of the upper extremities, noting the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral LE's: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG states in the Low Back Chapter and Neck Chapter, NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing. The treating physician fails to document lumbar radiculopathy, and the medical reason for requesting an EMG at this time. As such the request for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES is not medically necessary.