

Case Number:	CM15-0104487		
Date Assigned:	06/08/2015	Date of Injury:	07/27/2012
Decision Date:	07/09/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 69 year old male sustained an industrial injury to multiple body parts on 7/27/12, with ongoing bilateral upper extremity, neck, low back, bilateral hips, bilateral knee and left shoulder pain. Previous treatment included magnetic resonance imaging, bilateral total hip replacement, right carpal tunnel release, physical therapy, epidural steroid injections, facet injections and medications. In a PR-2 dated 4/21/15, the injured worker complained of neck pain, rated 3-7/10 on the visual analog scale with radiation down the arms associated with headaches, left shoulder pain rated 3-8/10 with limited range of motion, bilateral wrist and hand numbness and tingling, lumbar spine pain rate 3-8/10 with radiation down bilateral legs associated with numbness, tingling and spasms, bilateral hip pain and bilateral knee pain. The injured worker also reported continuous episodes of anxiety, stress and depression due to chronic pain and disability. Physical exam was remarkable for decreased sensation at the right L2-L4 distribution. Current diagnoses included cervical spine stenosis with spondylosis, left shoulder sprain/strain, left elbow sprain/strain, lumbar spine disc bulge, bilateral hip osteoarthritis, bilateral knee patellofemoral arthralgia, sleep apnea, depression, stress, anxiety, insomnia, hypertension, hyperlipidemia, hearing loss and white matter ischemia of the brain. The treatment plan included bilateral lower extremity electromyography/nerve conduction velocity test as it had not been done previously, left shoulder magnetic resonance imaging and prescriptions for Norco and Methocarbamol.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/NCV bilateral lower extremity is not medically necessary.