MAXIMUS Federal Services

Case Number:	CM15-0106923		
Date Assigned:	06/15/2015	Date of Injury:	08/16/2012
Decision Date:	08/18/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 patient who sustained an industrial injury on 08/16/2012. The accident was described as while working as a sanitation worker he experienced an industrial injury. Of note, consultation with recommendation to undergo both a posterior cervical interbody fusion and right shoulder arthroscopy; pending authorization. A recent primary treating office visit dated 01/08/2015 reported plans for reducing Norco use secondary to pending surgery. Current medications are: Norco 10/325mg, Omeprazole. The following diagnoses are applied: left paracentral and central posterior disc protrusion at C3-4 with endplate osteophyte complex and right paracentral extension compressing the thecal sac; critical cervical spinal stenosis at C3-4; multi-level protrusions, posterolateral and lateral; upper extremity radicular pain and paresthesia; lumbar spine strain/sprain, rule out herniated nucleus pulposus; lower extremity radicular pain and parasthesia's; bilateral elbow strain/sprain; bilateral wrist strain/sprain rule out carpal tunnel syndrome; bilateral knee strain/sprain, rule out internal derangement; bilateral foot and ankle strain/ sprain; bilateral shoulder strain/sprain, rule out internal derangement; right inguinal pain, rule out hernia; anxiety and depression secondary to industrial injury; GERD secondary to industrial injury; sleep disorder secondary to industrial injury; headaches; hypertension secondary to industrial injury and thoracic spine strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMGs (electromyography); NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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." Medical records already indicate clinical obvious radiculopathy, according to guidelines, an EMG would not be indicated in this instance. As such the request for NCV (nerve conduction velocity) Right Lower Extremity is not medically necessary.

NCV (nerve conduction velocity) Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMGs (electromyography); NCS (nerve conduction studies).

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the request for NCV (nerve conduction velocity) Left Lower Extremity is not medically necessary.

EMG (electromyography) Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMGs (electromyography); NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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." Medical records already indicate clinical obvious radiculopathy, according to guidelines, an EMG would not be indicated in this instance. As such the request for EMG (electromyography) Left Lower Extremity is not medically necessary.

EMG (electromyography) Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - EMGs (electromyography); NCS (nerve conduction studies).

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