

Case Number:	CM15-0107298		
Date Assigned:	06/11/2015	Date of Injury:	11/21/2012
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74-year-old female, who sustained an industrial injury on November 21, 2012. She reported injury to her head, neck, right wrist, right elbow, right knee, right ankle and right foot after a fall. Treatment to date has included medications, right shoulder surgery, lumbar epidural steroid injection, physical therapy, and work restrictions. Currently, the injured worker complains of continued neck pain with radiation of pain to the right upper extremity. She reports right elbow pain with associated numbness and shock sensations radiating from the elbow into the forearm, wrist and hand. She complains of right wrist pain with numbness, weakness and tingling especially in the third, fourth and fifth digits. She has difficulty with lifting, pushing and pulling objects and difficulty with repetitive hand motions. On physical examination, the injured worker has spasms, tenderness to palpation and guarding over the cervical paravertebral musculature and a decreased range of motion. She reports decreased sensation over the cervical spine and has difficulty with elevation of the right arm. Her deltoid strength is graded 4/5 and she has tenderness to palpation over the medial epicondyle with decreased sensation over the distribution of the right ulnar nerve. The diagnoses associated with the request include cervical radiculopathy, medial epicondylitis of the elbow, and wrist tendonitis/bursitis. The treatment plan includes electrodiagnostic testing of the upper extremities for evaluation of possible right wrist arthroscopy and right cubital tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines, Low Back Chapter, under Nerve conduction studies, Low back chapter, Electrodiagnostic studies (EDS).

Decision rationale: Based on the 02/09/15 agreed medical report provided by treating physician, the patient presents with low back pain rated 3-10/10, and left knee pain that radiates into the thigh and left calf, rated 4/10. Patient is status post left knee total replacement 11/30/01. The request is for EMG of the lower extremities. Patient's diagnosis on 02/09/15 included lumbar spine underlying spondylolisthesis with degenerative changes, internal derangement of the right knee, and degenerative changes of the right knee. The patient ambulates with an antalgic gait with a limp on the right. Physical examination to the lumbar spine on 02/09/15 revealed decreased range of motion, especially on extension 15 degrees. Treatment to date has included surgeries, lumbar epidural steroid injection, physical therapy, medications and work restrictions. The patient is receiving disability benefits and has last worked April 2014, per 03/02/15 report. Treatment reports were provided from 10/20/14 - 04/13/15. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Treater has not provided reason for the request. Progress report with the request, nor RFA were provided. Per 01/16/15 report, treater states that patient presents with "low back pain with radiculopathy some improvement in radiculopathy post epidural injection." Given the patient's continued complaints of pain and leg components which include left knee total replacement, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Medical records do not indicate electrodiagnostic studies of the lower extremities has been done. The request for EMG of the bilateral lower extremities appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.