

Case Number:	CM15-0142332		
Date Assigned:	08/03/2015	Date of Injury:	12/14/2007
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old female who sustained an industrial/work injury on 12-14-07. She reported an initial complaint of back pain. The injured worker was diagnosed as having cervical disc disorder, shoulder tendinitis, calcifying tendinitis of the shoulder, carpal tunnel syndrome, and lumbar disc displacement. Treatment to date includes medication, diagnostics, surgery (lumbar discectomy) and acupuncture. MRI (magnetic resonance imaging) lumbar results were reported on 3-22-15 that revealed 3 mm disc protrusions and desiccation at L4-S1. MRI of the left shoulder on 4-19-15 reports degenerative changes of the AC (acromioclavicular) impinging on the supraspinatus muscle tendon junction and findings comparable with subcoracoid bursitis. MRI of the right shoulder was done on 4-12-15. Currently, the injured worker complained of pain in the lumbar region and multiple body areas (shoulders, cervical area, upper extremities, knees, chest, TMJ (temporomandibular joint), and thoracic areas) rated 5-8 out of 10. There was also anxiety, stress, and insomnia. Per the primary physician's report (PR-2) on 5-14-15, exam noted tenderness of the shoulders, cervical spine, thoracic area, bilateral wrists, and the lumbar region. Cervical and bilateral shoulder areas had diminished range of motion in all planes. Current plan of care included diagnostics. The requested treatments include EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to MTUS guidelines, (MTUS page 303 from ACOEM guidelines), "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." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. There is no recent MRI finding suspecting lumbosacral root dysfunction. MTUS guidelines do not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities is not medically necessary.