

Case Number:	CM15-0145124		
Date Assigned:	08/06/2015	Date of Injury:	06/05/2009
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 6-5-2009. Diagnoses have included other and unspecified disc disorder, lumbar region, other and unspecified disc disorder, cervical region, right elbow sprain-strain, left shoulder impingement and left knee medial meniscus tear. Treatment to date has included lumbar epidural injections with 60 percent benefit to his lower back pain and radicular symptoms to his lower extremities, shoulder corticosteroid injections with six weeks of benefit, left knee corticosteroid injection with significant relief and medication. According to the progress report dated 6-2-2015, the injured worker complained of neck pain. He complained of numbness and tingling radiating down to both wrists. He also reported weakness in the upper extremities with pain in both shoulders. He complained of pain in the thoracic and lumbar spines with numbness and tingling radiating down his left lower extremity to the toes. He complained of pain in both knees. Physical exam revealed decreased range of motion of the cervical spine with tenderness over C5-C7, tingling numbness in bilateral upper extremity. There was decreased range of motion of the shoulders with tenderness over the acromio-clavicular joint. There was decreased range of motion with tenderness over both elbows and wrists. There was decreased range of motion of the thoracolumbar spine with tenderness and muscle spasms. There was also tenderness and decreased range of motion of both knees. Authorization was requested for electromyography (EMG)-nerve conduction study (NCS) of the bilateral upper extremities and bilateral lower extremities. The patient's surgical history includes left elbow surgery in 2009. The patient had received an unspecified number of the PT visits for this injury. Patient had received cervical ESI

and right knee steroid injection for this injury. The medication list includes Prilosec, Anaprox, and Norco. The patient has had an EMG of lower extremity on 11/26/13 that was normal; MRI of the cervical spine on 10/17/13 that revealed disc protrusions. The patient sustained the injury due to cumulative trauma. Any diagnostic report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve conduction studies, Electromyograph.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral upper extremities. Per ACOEM chapter 12 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". Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out 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". Diagnoses have included other and unspecified disc disorder, cervical region, right elbow sprain-strain, left shoulder impingement. According to the progress report dated 6-2-2015, the injured worker complained of neck pain. He complained of numbness and tingling radiating down to both wrists. He also reported weakness in the upper extremities with pain in both shoulders. Physical exam revealed decreased range of motion of the cervical spine with tenderness over C5-C7, tingling numbness in bilateral upper extremity. The patient had received an unspecified number of the PT visits for this injury. Patient had received a cervical ESI. The patient has had MRI of the cervical spine on 10/17/13 that revealed disc protrusions. The patient could have peripheral neuropathy or cervical radiculopathy. It is necessary to do electro-diagnostic studies to further evaluate the exact cause of the neurological symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request for Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral upper extremities is medically appropriate and necessary for this patient at this time.

Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve conduction studies, Electromyograph.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral lower extremities. Per ACOEM chapter 12 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". Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". 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. The patient has had an EMG of lower extremity on 11/26/13 that was normal. Any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. The medical necessity of the request for Electromyograph and nerve conduction velocity study (EMG/NCS) of the bilateral lower extremities is not fully established for this patient and therefore is not medically necessary.