

Case Number:	CM15-0147211		
Date Assigned:	08/10/2015	Date of Injury:	02/10/2014
Decision Date:	09/22/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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, Pain Management, 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:

The injured worker is a 54 year old male who sustained an industrial injury on 02-10-2014. Mechanism of injury was cumulative trauma. Diagnoses include cervical facet arthropathy, cervicogenic headaches, thoracic herniated nucleus pulpous, and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, acupuncture, and thoracic epidural injections. On 03-23-2015, a Magnetic Resonance Imaging of the cervical spine revealed multiple levels of disc protrusion. There is facet arthropathy and mild spinal canal stenosis as well as mild right and moderate left neural foraminal stenosis at C6-7, at C5-C6 a disc osteophyte with a disc protrusion and bilateral facet arthropathy and mild to moderate bilateral neural foraminal stenosis. At C3-C4, there is bilateral facet arthropathy resulting in mild right neuroforaminal stenosis and at C7-T1 and bilateral facet arthropathy is noted. On 06-27-2014, an unofficial report of a Magnetic Resonance Imaging of the thoracic spine revealed small disc protrusion at T2-T3, T3-T4, and T9-T10 without evidence of cord compression. An unofficial report of a lumbar Magnetic Resonance Imaging done on 08-14-2015 revealed spondylolisthesis of L5 on S1, left foraminal exit zone protrusion at L2-3 contacting and probably compassing the left L2 dorsal root ganglion, moderately severe bilateral foraminal narrowing at L5-S1 due to the forward slip and bulging, and levoscoliosis. A physician progress note dated 06-05-2015 documents the injured worker has constant low back pain rated 4 out of 10 on the pain scale, but it can increase to 7-8 out of 10. He has intermittent pain in the right buttock region with numbness into the lateral thigh and in the calf. In his left

leg he has numbness and tingling which radiates to the left foot. His knee pain is only present with activity such as walking down stairs. He feels some instability in the knee joint. He rates his knee pain as 3 out of 10 on the pain scale but it will increase to a 4-5 out of 10 with activities. His walking ability is limited by his lower back pain not his knee pain. His neck pain is rated a 4-5 out of 10 and it travels from the upper neck to the mid back. He has muscle tightness in his trapezius regions as well. His TMJ has been exacerbated by his injury and when his neck pain increases so does his TMJ pain. Cervical, thoracic and lumbar spine range of motion is limited. The treatment plan includes an Electromyography and Nerve Conduction Velocity of the bilateral lower extremities, an orthopedic consult for the right knee, a pain management consult, and medial branch blocks to the L5-6 and C6-7. Treatment requested is for EMG of the left upper extremity QTY: 1, EMG of the right upper extremity QTY: 1, NCS of the left upper extremity QTY: 1, and NCS of the right upper extremity QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, EMG/NCS.

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

Decision rationale: ACOEM states that EMG/NCS may assist with identifying subtle neurologic deficits. The patient's physical therapy notes from 2015 indicate that there are no radicular symptoms without any upper extremity weakness. The agreed medical examiner has indicated that the neck condition has reached maximal medical improvement and did not recommend further assessment. The medical progress notes do not provide a recent and focused neurologic examination of the upper extremity demonstrating neurologic deficits, which would warrant electrodiagnostic studies including EMG or NCS. This request for EMG is not medically necessary.

NCS of the left upper extremity QTY: 1: Upheld

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), pain chapter, EMG/NCS.

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

Decision rationale: ACOEM states that EMG/NCS may assist with identifying subtle neurologic deficits. The patient's physical therapy notes from 2015 indicate that there are no radicular symptoms without any upper extremity weakness. The agreed medical examiner has

indicated that the neck condition has reached maximal medical improvement and did not recommend further assessment. The medical progress notes do not provide a recent and focused neurologic examination of the upper extremity demonstrating neurologic deficits, which would warrant electrodiagnostic studies including EMG or NCS. This request for NCS is not medically necessary.

EMG of the right upper extremity QTY: 1: Upheld

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), pain chapter, EMG/NCS.

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

Decision rationale: ACOEM states that EMG/NCS may assist with identifying subtle neurologic deficits. The patient's physical therapy notes from 2015 indicate that there are no radicular symptoms without any upper extremity weakness. The agreed medical examiner has indicated that the neck condition has reached maximal medical improvement and did not recommend further assessment. The medical progress notes do not provide a recent and focused neurologic examination of the upper extremity demonstrating neurologic deficits, which would warrant electrodiagnostic studies including EMG or NCS. This request for EMG is not medically necessary.

NCS of the right upper extremity QTY: 1: Upheld

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), pain chapter, EMG/NCS.

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

Decision rationale: ACOEM states that EMG/NCS may assist with identifying subtle neurologic deficits. The patient's physical therapy notes from 2015 indicate that there are no radicular symptoms without any upper extremity weakness. The agreed medical examiner has indicated that the neck condition has reached maximal medical improvement and did not recommend further assessment. The medical progress notes do not provide a recent and focused neurologic examination of the upper extremity demonstrating neurologic deficits, which would warrant electrodiagnostic studies including EMG or NCS. This request for NCS is not medically necessary.