

Case Number:	CM15-0163991		
Date Assigned:	09/01/2015	Date of Injury:	05/07/2013
Decision Date:	10/20/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old male, who sustained an industrial injury on 5-7-13. He reported low back pain. The injured worker was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis / bursitis and shoulder impingement. Treatment to date has included extracorporeal shockwave therapy, massage, physical therapy, injections and medications. The 12/23/2014 MRI of the cervical spine showed multilevel disc bulges with foramina stenosis at C6-C7. The 12/24/2014 MRI of the lumbar spine showed multilevel disc bulges without foramina stenosis or nerve impingement. Physical examination findings on 7-9-15 included spasm and tenderness over the paravertebral muscles of the cervical and lumbar spines with some decreased range of motion. Discomfort was noted on elevation of the upper extremities bilaterally against gravity with decreased grip strength on the right. Currently, the injured worker complains of neck pain radiating to the upper extremities with pain, paresthesia and numbness. Shoulder pain and right wrist tenderness was also noted. The treating physician requested authorization for electromyograms and nerve conduction studies for bilateral upper extremities and bilateral lower extremities and a functional capacity evaluation for the date of service 7-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Elelctromyogram) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back EMG.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyogram (EMG) studies can be utilized for the evaluation of the lumbar radiculopathy when standard clinical examination and radiological tests are inconclusive. The guidelines also noted that EMG studies can be valuable for differential diagnosis of neurological deficits or red flag conditions. The records did not show subjective, objective or radiological findings consistent with lumbar radiculopathy. The physical examinations reports did not indicate findings to support the presence of neurological deficits related to the lumbar spine or lower extremities. The records did not show that the requested tests was part of a comprehensive pre-operative evaluation for a spinal neurosurgical procedure. The criteria for EMG studies of the bilateral lower extremities was not met. The request is not medically necessary.

NCV (nerve conduction velocity) bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist, hand.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Low Back NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Nerve Conduction Velocity (NCV) studies can be utilized for the evaluation of lumbar radiculopathy when standard clinical examination and radiological tests are inconclusive. The guidelines also noted that NCV studies can be valuable for differential diagnosis of neurological deficits or red flag conditions. The records did not show subjective, objective or radiological findings consistent with lumbar radiculopathy. The physical examinations reports did not indicate findings to support the presence of lumbar spine or lower extremities neurological deficits. The records did not show that the requested tests was part of a comprehensive pre-operative evaluation for a spinal neurosurgical procedure. The criteria for NCV studies of the bilateral lower extremities was not met. The request is not medically necessary.

EMG (Elelctromyogram) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Upper neck & Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Electromyogram (EMG) studies can be utilized for the evaluation of cervical radiculopathy when standard clinical examination and radiological tests are inconclusive. The guidelines also noted that EMG studies can be valuable for differential diagnosis of neurological deficits or red flag conditions. The records did not show subjective, objective or radiological findings consistent with cervical radiculopathy. The physical examinations reports did not indicate findings to support the presence of cervical spine or upper extremities neurological deficits. The records did not show that the requested tests was part of a comprehensive pre-operative evaluation for a spinal neurosurgical procedure. The criteria for EMG studies of the bilateral upper extremities was not met. The request is not medically necessary.

NCV (nerve conduction velocity) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper back EMG/NCV studies.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Nerve Conduction Velocity (NCV) studies can be utilized for the evaluation of cervical radiculopathy when standard clinical examination and radiological tests are inconclusive. The guidelines also noted that NCV studies can be valuable for differential diagnosis of neurological deficits or red flag conditions. The records did not show subjective, objective or radiological findings consistent with cervical radiculopathy. The physical examinations reports did not indicate findings to support the presence of cervical spine or upper extremities neurological deficits. The records did not show that the requested tests was part of a comprehensive pre-operative evaluation for a spinal neurosurgical procedure. The criteria for NCV studies of the bilateral upper extremities was not met. The request is not medically necessary.

Functional Capacity Evaluations (dor 7/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional improvement measures, Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low Back Functional Capacity Evaluation.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Functional Capacity Evaluations (FCE) can be utilized for determination of physical status and Return to Work program. The guidelines recommend that FCE can be predictive when the physical condition is stable after completion of active diagnostic tests and interventional treatment programs. The records did not show that the patient had completed active diagnostics and treatment programs. There is no documentation of an active planning for Return to Work program. The criteria for Functional Capacity Evaluation (DOS 5/20/2015) was not met. The request is not medically necessary.