

Case Number:	CM15-0164012		
Date Assigned:	09/01/2015	Date of Injury:	06/04/2012
Decision Date:	10/05/2015	UR Denial Date:	07/13/2015
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, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 48-year-old female, who sustained an industrial injury on June 4, 2012. She reported a cumulative trauma injury involving her neck and right upper extremity. Her diagnosis include discogenic cervical condition, impingement syndrome of the right shoulder, wrist joint inflammation, stenosing tenosynovitis, rotator cuff strain, wrist joint inflammation with evidence of carpal tunnel syndrome, discogenic lumbar condition with radicular component on the right lower extremity, chronic pain associated with depression, sleep disorder and stress and severe headaches. Treatment to date has included functional restoration program, shoulder injection, medication, psychotherapy and H-wave. The functional restoration program was noted to be painful. H-wave was reported to be extremity helpful for her neck and back symptoms. Currently, the injured worker complained of increased numbness in her upper extremities and shooting pain down both lower extremities. The treatment plan included right shoulder surgery, medications, neurology consultation for headaches, acupuncture, back brace, neck traction with air bladder and a four-lead transcutaneous electrical nerve stimulation unit. A request was made for an EMG and NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on June 4, 2012. Her diagnosis include discogenic cervical condition, impingement syndrome of the right shoulder, wrist joint inflammation, stenosing tenosynovitis, rotator cuff strain, wrist joint inflammation with evidence of carpal tunnel syndrome, discogenic lumbar condition with radicular component on the right lower extremity, chronic pain associated with depression, sleep disorder and stress and severe headaches. Treatment to date has included functional restoration program, shoulder injection, medication, psychotherapy and H-wave. The medical records provided for review do not indicate a medical necessity for EMG/NCV Bilateral Lower Extremities. The MTUS is silent on lower extremities nerve conduction velocities, but the Official Disability Guidelines states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy."