

Case Number:	CM15-0164798		
Date Assigned:	09/02/2015	Date of Injury:	06/05/2007
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39-year-old female who sustained an industrial injury on June 05, 2007. The worker was employed as a sorter on an assembly line for a meat packing company. The accident was described as while working carrying a heavy piece of meat she felt "as if her shoulder dislocated". An orthopedic re-evaluation dated May 05, 2015 reported subjective complaint of ongoing pain and stiffness in the right shoulder along with triggering of the right long finger. She has increased pain and stiffness in the lumbar spine radiating down bilateral lower extremities. There is also complaint of difficulty sleeping, anxiety, depression, and bladder urgency. She is diagnosed with the following: status post lumbar decompression and fusion L3-S1; adjacent level disc collapse and large disc herniation, central canal stenosis, and bilateral neural foraminal stenosis; status post right shoulder arthroscopy, November 2013; residual or recurrent tendinitis and or impingement syndrome right shoulder; triggering of the right long finger; residual or recurrent multi-level disc protrusions, lumbar spine worse at L 4-5; possible fractures of L2-3; bilateral lower extremity radiculopathy, left greater than right; urinary incontinence; psychological sequelae secondary to industrial injury, and history of persistent staph resistant infections to lower extremities. Follow up dated June 09, 2015 reported primary treating recommendation to undergo nerve conduction study of lower extremities and a computerized tomography scan of lumbar spine. The treating diagnoses were: cervical strain and sprain; status post lumbar fusion; status post right shoulder arthroscopy; impingement syndrome right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electromyography (EMG's), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Nerve conduction studies (NCS) and Electrodiagnostic Studies.

Decision rationale: EMG/NCS of the lower extremities is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The ODG states that EMGs (electromyography) is an option for the low back. The documentation does not reveal evidence of motor, reflex, or sensory changes in the left lower extremity that would necessitate electrodiagnostic studies in the left lower extremity. There is a left lower extremity positive straight leg raise, however the ODG states that NCS are not necessary when the patient has symptoms of radiculopathy. There are no history/physical findings in the lower extremities that suggest peripheral polyneuropathy over a diagnosis of radiculopathy. The request for EMG/NCS of the lower extremities is not medically necessary.