

Case Number:	CM15-0195773		
Date Assigned:	10/09/2015	Date of Injury:	01/17/2015
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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 51 year old male who sustained an industrial injury on 1-17-15. The injured worker reported pain in the back with radiation to the left buttocks and right thigh. Additionally, the injured worker reports decreased range of motion in the right shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, right shoulder rotator cuff tendinitis bursitis, lumbar spine sprain strain. Diagnostic tests have included lumbar spine magnetic resonance imaging (7-29-15), right shoulder magnetic resonance imaging (7-29-15), cervical spine magnetic resonance imaging (7-29-15). Treatments include Nabumetone; Naproxen, Cyclobenzaprine. Objective findings dated 9-16-15 were notable for tenderness to palpation to the cervical spine and right shoulder trapezius musculature with restricted range of motion due to pain, muscle spasms noted to cervical spine and lumbar spine, lumbar spine tenderness to palpation to the bilateral lumbar paravertebral musculature. The original utilization review (9-29-15) denied a request for One (1) nerve conduction velocity study-EMG of right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) NCV/EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. 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 1-17-15. The medical records provided indicate the diagnosis of cervical spine sprain strain, right shoulder rotator cuff tendinitis bursitis, lumbar spine sprain strain. Treatments have included Nabumetone; Naproxen, Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for One (1) NCV/EMG of right lower extremity. The MTUS is silent on NCV of the lower extremity; however, the Official Disability Guidelines does not recommend lower extremity NCV due to lack of benefit.