

Case Number:	CM15-0204827		
Date Assigned:	10/21/2015	Date of Injury:	05/16/2011
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Emergency 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 March 16, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy and other specified arthropathy not elsewhere classified of shoulder. Treatment to date has included diagnostic studies, surgery, physical therapy, transcutaneous electrical nerve stimulation unit and medication. On September 16, 2015, the injured worker complained of low back, neck and right shoulder pain. The pain was described as sharp, dull and burning. Physical examination revealed tenderness to palpation in the trapezial area. Upper extremity reflexes were rated a one plus in the right biceps. Upper extremity sensation to light touch was intact and motor strength measured five out of five in all upper extremity groups. Straight leg raising test was positive on the right at 40 degrees and range of motion of the spine was noted to be limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the right in the lateral thigh, lateral calf and in the dorsal foot. Motor strength of the lower extremities measured five out of five in all groups bilaterally. Right shoulder inspection was unremarkable. The treatment plan included medication, EMG-NCV of bilateral upper and lower extremities to rule out radiculopathy and an orthopedist evaluation for the right shoulder. On October 8, 2015, utilization review denied a request for EMG-NCV of bilateral upper extremities, EMG-NCV of bilateral lower extremities and orthopedist evaluation for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested EMG/NCV of bilateral upper extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 177-179, Special Studies and Diagnostic and Treatment Considerations, Special Studies and Diagnostic and Treatment Considerations, note, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back, neck, and right shoulder pain. The pain was described as sharp, dull and burning. Physical examination revealed tenderness to palpation in the trapezial area. Upper extremity reflexes were rated a one plus in the right biceps. Upper extremity sensation to light touch was intact and motor strength measured five out of five in all upper extremity groups. Straight leg raising test was positive on the right at 40 degrees and range of motion of the spine was noted to be limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the right in the lateral thigh, lateral calf and in the dorsal foot. Motor strength of the lower extremities measured five out of five in all groups bilaterally. Right shoulder inspection was unremarkable. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCV of bilateral upper extremities is not medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested EMG/NCV of bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic

and Treatment considerations, note, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back, neck, and right shoulder pain. The pain was described as sharp, dull and burning. Physical examination revealed tenderness to palpation in the trapezial area. Upper extremity reflexes were rated a one plus in the right biceps. Upper extremity sensation to light touch was intact and motor strength measured five out of five in all upper extremity groups. Straight leg raising test was positive on the right at 40 degrees and range of motion of the spine was noted to be limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the right in the lateral thigh, lateral calf and in the dorsal foot. Motor strength of the lower extremities measured five out of five in all groups bilaterally. Right shoulder inspection was unremarkable. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength, especially regarding the left lower extremity. The criteria noted above not having been met, EMG/NCV of bilateral lower extremities is not medically necessary.

Orthopedist evaluation for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Orthopedist evaluation for right shoulder, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back, neck, and right shoulder pain. The pain was described as sharp, dull and burning. Physical examination revealed tenderness to palpation in the trapezial area. Upper extremity reflexes were rated a one plus in the right biceps. Upper extremity sensation to light touch was intact and motor strength measured five out of five in all upper extremity groups. Straight leg raising test was positive on the right at 40 degrees and range of motion of the spine was noted to be limited secondary to pain. Lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the right in the lateral thigh, lateral calf and in the dorsal foot. Motor strength of the lower extremities measured five out of five in all groups bilaterally. Right shoulder inspection was unremarkable. The treating physician has not documented evidence that the injured worker is currently a surgical candidate. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Orthopedist evaluation for right shoulder is not medically necessary.