

Case Number:	CM15-0029616		
Date Assigned:	02/23/2015	Date of Injury:	06/03/2009
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 53 year old female sustained an industrial injury on 6/3/09. She subsequently reports back and right knee pain. Diagnoses include cervicalgia. The injured worker underwent right shoulder and right knee surgeries. Treatments to date have included physical therapy and prescription pain medications. On 1/14/15, Utilization Review non-certified a request for EMG/NCV bilateral lower extremity. The EMG/NCV bilateral lower extremity was denied based on MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended.

There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination or sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. In this case, the injured worker's working diagnoses are rule out intradiscal component lumbar spine; rule out lumbar radiculopathy; right shoulder rotator cuff tear with SLAP lesion; and cervical myofascial pain and spondylosis. Subjectively, the injured worker complains of right shoulder pain, right knee pain and low back pain. Objectively, there is a two line typed entry that states tender left shoulder anterior aspect and acromioclavicular joint and tenderness in his lumbar spine; neurologically grossly unchanged lower extremities. The documentation does not contain objective indications for specific nerve compromise that warrants electrodiagnostic testing. Consequently, absent clinical documentation to support performing electrodiagnostic testing, bilateral lower extremity EMG/NCV studies are not medically necessary.