

<b>Case Number:</b>	CM15-0029638		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 36 year old female who sustained an industrial injury on 10/29/2012. Current diagnoses include head contusion, sprain with musculoligamentous stretch injury-cervical spine with traumatic cervical radiculitis, sprain with musculoligamentous stretch injury-lumbar spine with traumatic lumbar radiculitis, sprain/strain left shoulder-rotator cuff tear, sprain/strain-left wrist with DeQuervain's tenosynovitis, sprain/strain-left hand, and insomnia secondary to anxiety and depression. Previous treatments included medication management, physical therapy, and chiropractic therapy. Report dated 01/26/2015 noted that the injured worker presented for refill of medications. Physical examination was not included for this date of service. MRI of the left shoulder and lumbar spine dated 01/27/2015 was included for review. Utilization review performed on 01/27/2015 non-certified a prescription for EMG/NCS of the left upper extremity, EMG/NCV of bilateral lower extremities, and 1 issue a lumbar belt, based on the clinical information submitted does not support medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/NCS of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 212.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273; 177-179.

**Decision rationale:** The requested 1 EMG/NCS of the left upper extremity is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that 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, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. 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 treating physician has documented diagnoses of head contusion, sprain with musculoligamentous stretch injury-cervical spine with traumatic cervical radiculitis, sprain with musculoligamentous stretch injury-lumbar spine with traumatic lumbar radiculitis, sprain/strain left shoulder-rule out rotator cuff tear, sprain/strain-left wrist with DeQuervain's tenosynovitis, sprain/strain-left hand, and insomnia secondary to anxiety and depression. The treating physician has not documented how the requested diagnostic exam will change the treatment plan. The criteria noted above not having been met, 1 EMG/NCS of the left upper extremity is not medically necessary.

**1 EMG/NCV of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The requested 1 EMG/NCV of the 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 treating physician has documented diagnoses of head contusion, sprain with musculoligamentous stretch injury-cervical spine with traumatic cervical radiculitis, sprain with musculoligamentous stretch injury-lumbar spine with traumatic lumbar radiculitis, sprain/strain left shoulder-rule out rotator cuff tear, sprain/strain-left wrist with DeQuervain's tenosynovitis, sprain/strain-left hand, and insomnia secondary to anxiety and depression. The treating physician has not documented how the requested diagnostic exam will change the treatment plan. The criteria noted above not having been met, 1 EMG/NCV of the bilateral lower extremities is not medically necessary.

**1 issue a lumbar belt:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines Low back-Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested a lumbar belt, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention." Under study for treatment of nonspecific LBP, recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The treating physician has documented diagnoses of head contusion, sprain with musculoligamentous stretch injury-cervical spine with traumatic cervical radiculitis, sprain with musculoligamentous stretch injury-lumbar spine with radiculitis, sprain/strain left shoulder-rule out rotator cuff tear, sprain/strain-left wrist with DeQuervain's tenosynovitis, sprain/strain-left hand, and insomnia secondary to anxiety and depression. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, a lumbar belt is not medically necessary.