

Case Number:	CM15-0210556		
Date Assigned:	10/29/2015	Date of Injury:	05/12/2011
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 53 year old female, who sustained an industrial injury on 05-12-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar, cervical and bilateral sacroiliac joint sprain, left greater than right lumbar radiculopathy, status post right shoulder arthroscopy with residual impingement syndrome and status post bilateral carpal tunnel release surgeries with recurrent numbness and tingling sensation, left side greater than right. MRI of the lumbar spine on 08-20-2013 showed lumbar spondylosis of L3-S1 with moderate to severe left sided and moderate right sided nerve foraminal narrowing. Subjective complaints (07-14-2015) included 6 out of 10 lumbar spine pain, 5 out of 10 cervical spine pain, 4-5 out of 10 right shoulder pain and 3 out of 10 wrist pain. Objective findings (07-14-2015) included tenderness of the lumbar paraspinal muscles with spasm, positive left straight leg raise, decreased sensation to the bilateral lower extremities, tenderness of the right shoulder with decreased range of motion and positive impingement sign and tenderness of the bilateral wrists with decreased sensation in the middle 3 fingers with positive Tinel's and decreased range of motion. Subjective complaints (08-17-2015) included intermittent pain in the neck, constant moderate low back pain with radiation to the left buttock and intermittent pain in the right shoulder. Objective findings were notable for tenderness and muscle spasm of the lumbar spine, tenderness to palpation of the sacroiliac joints. Neurologic examination of the bilateral lower extremities was within normal limits. Cortisone injection of L4-L5 interspinous ligament and right sacroiliac joint which were noted to provide immediate considerable relief of pain and that a series of lumbar epidural injections might be beneficial. Subjective complaints (09-17-

2015) documented included a history of symptoms but did not describe the current subjective complaints reported by the worker. Objective findings revealed positive straight leg raise on the right side causing pain down to the foot, decreased sensation in the right leg with the L4 dermatomal pattern and persistent tenderness in the lumbar spine at L4-L5 and over the right sacroiliac joint in spite of previous cortisone injections. Treatment has included Anaprox, Tylenol, Ultram, Flexeril, cortisone injections, physical therapy and surgery. The physician noted that authorization was being requested to perform bilateral lower extremity nerve conduction study and electromyography studies to confirm the level for a future lumbar epidural injection since the worker had failed conservative treatment. A utilization review dated 10-02-2015 non-certified a request for bilateral lower extremities ES NCV and EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremities ES NCV and EMG: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG.

Decision rationale: Records report objective findings revealed positive straight leg raise on the right side causing pain down to the foot, decreased sensation in the right leg with the L4 dermatomal pattern and persistent tenderness in the lumbar spine at L4-L5 and over the right sacroiliac joint in spite of previous cortisone injections. ODG supports that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The medical records provided for review do indicate objective findings on physical examination in support of focal neurologic disturbance such to support EMG as a diagnostic tool for assessment of condition. As such, EMG is medically necessary and supported congruent with ODG.