

Case Number:	CM15-0215051		
Date Assigned:	11/04/2015	Date of Injury:	11/13/2014
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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 59 year old male injured worker suffered an industrial injury on 11-13-2014. The diagnoses included shoulder pain, foot pain and plantar fasciitis. On 9-25-2015, the provider reported chronic pain syndrome, right and left shoulder pain and right and left foot pain. There was limited range of motion of the shoulder due to pain and loss of balance while walking. Medications in use were Gabapentin and Diclofenac. The supplemental report to Panel Qualified Medical evaluation 9-5-2015 noted the electrodiagnostic testing of the lower extremities as recommended by this examiner revealed findings consistent with acute left S1 lumbosacral radiculopathy. The QME reviewed the magnetic resonance imaging 7-20-2015 and it to be consistent with moderate disc degeneration and L5-S1 with mild disc degeneration of the upper and mid lumbar spine. There was a 3mm broad based disc protrusion and right L5-S1 neural foraminal stenosis that would be consistent with the presentation of the bilateral foot burning over the plantar surface of the foot. Diagnostics included magnetic resonance imaging of the left shoulder and lumbar spine. Utilization Review on 10-21-2015 determined non-certification Electromyography studies-NCV Bilateral Lower Extremity and Shockwave 1x4.

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 Low Back Complaints 2004.

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

Decision rationale: The requested EMG/NCV Bilateral Lower Extremity 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 chronic pain syndrome, right and left shoulder pain and right and left foot pain. There was limited range of motion of the shoulder due to pain and loss of balance while walking. Medications in use were Gabapentin and Diclofenac. The supplemental report to Panel Qualified Medical evaluation 9-5-2015 noted the electrodiagnostic testing of the lower extremities as recommended by this examiner revealed findings consistent with acute left S1 lumbosacral radiculopathy. The QME reviewed the magnetic resonance imaging 7-20-2015 and it to be consistent with moderate disc degeneration and L5-S1 with mild disc degeneration of the upper and mid lumbar spine. There was a 3mm broad based disc protrusion and right L5-S1 neural foraminal stenosis that would be consistent with the presentation of the bilateral foot burning over the plantar surface of the foot. The treating physician has not documented how this electrodiagnostic testing would change the clinical course of treatment. The criteria noted above not having been met, EMG/NCV Bilateral Lower Extremity is not medically necessary.

Shockwave 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The requested Shockwave 1x4, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 300-301, Physical Methods, do not recommend ESCW for lumbar spinal issues. The injured worker has chronic pain syndrome, right and left shoulder pain and right and left foot pain. There was limited range of motion of the shoulder due to pain and loss of balance while walking. Medications in use were Gabapentin and Diclofenac. The supplemental report to Panel Qualified Medical evaluation 9-5-2015 noted the electrodiagnostic testing of the lower extremities as recommended by this examiner revealed findings consistent with acute left S1 lumbosacral radiculopathy. The QME reviewed the magnetic resonance imaging 7-20-2015 and it to be consistent with moderate disc degeneration and L5-S1 with mild disc degeneration of the upper and mid lumbar spine. There was a 3mm broad based disc protrusion and right L5-S1 neural foraminal stenosis that would be consistent with the presentation of the bilateral foot burning over the plantar surface of the foot. The treating physician has not documented the medical necessity for this procedure as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Shockwave 1x4 is not medically necessary.