

Case Number:	CM15-0034784		
Date Assigned:	03/03/2015	Date of Injury:	01/20/2011
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 43-year-old male, who sustained a work related injury on 1/20/11. The diagnoses have included discogenic cervical condition, discogenic lumbar condition, impingement syndrome and bicipital tendonitis of the left shoulder and depression. Treatments to date have included oral medications, left shoulder surgery, MRI lumbar spine done on 1/20/13, physical therapy, use of a back brace, hot/cold therapy, TENS unit therapy, activity modification and previous EMG/NCV of both upper and lower extremities done in 2012. In the PR-2 dated 1/22/14, the injured worker complains of left shoulder and low back pain with "shooting pains" in his arms and legs. He has limitation of tolerance to standing and walking. He has tenderness to rotator cuff noted. Abduction is 130 degrees. He has tenderness along facets of cervical spine. Flexion of neck is about 50 degrees. Extension of neck is about 40 degrees. On 1/28/15, Utilization Review non-certified requests for EMG/NCV for bilateral lower extremities and EMG/NCV for bilateral upper extremities. The California MTUS, ACOEM Occupational Medical Practice Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) nerve conduction velocity (NCV) for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/ Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies -NCS.

Decision rationale: The patient presents with severe unrated low back pain, which radiates into the bilateral lower extremities, unrated neck pain which radiates into the bilateral upper extremities, and left shoulder pain. The patient's date of injury is 01/20/11. Patient is status post left shoulder subacromial decompression at a date unspecified. The request is for ELECTROMYOGRAPH -EMG- NERVE CONDUCTION VELOCITY -NCV- FOR THE BILATERAL LOWER EXTREMITIES. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals tenderness to palpation along the facets of the cervical spine at unspecified levels, and tenderness to palpation along the left rotator cuff. The patient is currently prescribed Neurontin, Flexeril, Protonix, Naflon, and Norco. Diagnostic imaging included cervical MRI dated 12/30/14, significant findings include: "disc degeneration with diffuse broad disc protrusion reducing canal diameter more to the left at C5-6 and clinical correlation is advised regarding the status of the left C6 nerve root. Mild broad based disc protrusion at C3-4 and C4-5." Progress note dated 12/22/14 also discusses lumbar MRI from January 2013 as showing: "disc disease at L3-L4, L4-L5, and L5-S1 and foraminal narrowing at L5-S1, more on the left than on the right." This MRI was not included for review. Patient is currently disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious."ODG, Low Back chapter under Nerve conduction studies -NCS- states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. In regard to the request for an EMG/NCV study to be performed on the bilateral lower extremities, the treater has not provided documentation of significant change in this patient's clinical presentation to warrant additional studies. This patient has undergone one previous electrodiagnostic study of the lower extremities in 2012 with unremarkable findings. Progress report dated 12/22/14 documents continuing - but not worsening - radicular pain to the lower extremities. Were the treater to document an increase in this patient's symptoms, re-injury, or significant flare-up the request would be appropriate, however no such findings are provided. The request IS NOT medically necessary.

Electromyograph (EMG) nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with severe unrated low back pain, which radiates into the bilateral lower extremities, unrated neck pain which radiates into the bilateral upper extremities, and left shoulder pain. The patient's date of injury is 01/20/11. Patient is status post left shoulder subacromial decompression at a date unspecified. The request is for ELECTROMYOGRAPH -EMG- NERVE CONDUCTION VELOCITY -NCV- FOR THE BILATERAL UPPER EXTREMITIES. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals tenderness to palpation along the facets of the cervical spine at unspecified levels, and tenderness to palpation along the left rotator cuff. The patient is currently prescribed Neurontin, Flexeril, Protonix, Naflon, and Norco. Diagnostic imaging included cervical MRI dated 12/30/14, significant findings include: "disc degeneration with diffuse broad disc protrusion reducing canal diameter more to the left at C5-6 and clinical correlation is advised regarding the status of the left C6 nerve root. Mild broad based disc protrusion at C3-4 and C4-5." Progress note dated 12/22/14 also discusses lumbar MRI from January 2013 as showing: "disc disease at L3-L4, L4-L5, and L5-S1 and foraminal narrowing at L5-S1, more on the left than on the right." This MRI was not included for review. Patient is currently disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In regard to the request for an EMG/NCV study to be performed on the bilateral upper extremities, the treater has not provided documentation of significant change in this patient's clinical presentation to warrant additional studies. This patient has undergone one previous electrodiagnostic study of the upper extremities in 2012 with unremarkable findings. Progress report dated 12/22/14 documents continuing - but not worsening - radicular pain to the upper extremities. Were the treater to document an increase in this patient's symptoms, re-injury, or significant flare-up the request would be appropriate, however no such findings are provided. The request IS NOT medically necessary.