MAXIMUS Federal Services

Case Number:	CM15-0041015		
Date Assigned:	03/11/2015	Date of Injury:	05/06/2010
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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 49-year-old woman sustained an industrial injury on 5/6/2010. The mechanism of injury is not detailed. Current diagnoses include cervical spine sprain, cervical disc displacement, radicular syndrome of upper limbs, shoulder impingement, rotator cuff tear, shoulder sprain, carpal tunnel syndrome, lumbar sprain/strain, lumbar herniated nucleus pulposus, and radicular syndrome of lower limbs. Treatment has included oral medications. Physician notes on a PR-2 dated 1/28/2015 show complaints of neck, mid back, low back and bilateral shoulder pain. Recommendations include electrodiagnostic testing for the bilateral upper and lower extremities, bilateral medial branch block of L4-L5 and L5-S1, epidural steroid injection of C4-C5 on the right, subacromial injection to the left shoulder, and follow up in four to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Electromypgraphy and nerve conduction velocity studies 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 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; radicular syndrome upper extremities; shoulder impingement; rotator cuff tear; sprain shoulder; carpal tunnel syndrome; lumbar sprain/strain; HNP lumbar; radicular syndrome lower extremities. The requesting physician's progress note with clinical indications is dated January 28, 2015. Subjectively, the injured worker complaints of sharp neck, mid back, low back pain and bilateral shoulders. The documentation indicates pain radiates from the neck to both legs. Objectively, the requesting orthopedist documents a musculoskeletal examination in a check the box format. There is tenderness and decreased range of motion at the cervical spine. There is no neurologic evaluation in the documentation. The guidelines indicate unequivocal findings that identify specific nerve compromise on the neurologic evaluation are sufficient to warrant additional diagnostic testing. The symptoms of pain radiating from the neck down to the toes is not compatible with radiculopathy or neuropathy. A radiculopathy typically radiates from the neck into one or both upper extremities. A radiculopathy typically radiates from the low back into one or both lower extremities. Additionally, there is no neurologic evaluation in the medical record to rule in or rule out the presence of a neurologic deficit. Also, there was no documentation of conservative care rendered to the injured worker. Consequently, absent clinical documentation with symptoms compatible with radiculopathy and physical findings of a neurologic evaluation and unequivocal evidence of specific nerve compromise, EMG/NCV of bilateral upper extremities is not medically necessary.

One (1) electromyography and nerve conduction study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, 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 (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; radicular syndrome upper extremities; shoulder impingement; rotator cuff tear; sprain shoulder; carpal tunnel syndrome; lumbar sprain/strain; HNP lumbar; radicular syndrome lower extremities. The requesting physician's progress note with clinical indications is dated January 28, 2015. Subjectively, the injured worker complaints of sharp neck, mid back, low back pain and bilateral shoulders. The documentation indicates pain radiates from the neck to both legs. Objectively, the requesting orthopedist documents a musculoskeletal examination in a check the box format. There is tenderness and decreased range of motion at the cervical spine. There is no neurologic evaluation in the documentation. The guidelines indicate unequivocal findings that identify specific nerve compromise on the neurologic evaluation are sufficient to warrant additional diagnostic testing. The symptoms of pain radiating from the neck down to the toes is not compatible with radiculopathy or neuropathy. A radiculopathy typically radiates from the neck into one or both upper extremities. A radiculopathy typically radiates from the low back into one or both lower extremities. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, there is no neurologic evaluation in the medical record to rule in or rule out the presence of a neurologic deficit. Also, there was no documentation of conservative care rendered to the injured worker. Consequently, absent clinical documentation with symptoms compatible with radiculopathy of the lower extremities and physical findings of a neurologic evaluation and unequivocal evidence of specific nerve compromise, EMG/NCV of bilateral lower extremities is not medically necessary.