

Case Number:	CM15-0044052		
Date Assigned:	03/16/2015	Date of Injury:	11/25/2005
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male who sustained an industrial injury on 11/25/2005. Current diagnoses include lumbar discopathy with probable herniated nucleus pulposus with bilateral lower extremity radiculopathy, status post posterior lumbar interbody fusion, acute onset left lower extremity radiculopathy, urologic dysfunction/impotence, right knee internal derangement, lumbar spinal cord stimulator with revision, cervical myoligamentous injury with bilateral upper extremity radiculopathy, and possible bilateral carpal tunnel syndrome. Previous treatments included medication management, lumbar fusion, acupuncture, spinal cord stimulator implantation, uses a cane for ambulation, and cervical epidural injections. Diagnostic studies included multiple EMG studies, lumbar MRI, lumbar spine CT's, cervical CT myelogram, lumbar CT myelogram, cervical spine CT, and lumbar CT scan. Most recent EMG of the bilateral upper extremities was performed on 07/19/2013 with positive results. Report dated 01/22/2015 noted that the injured worker presented with complaints that included ongoing pain in the neck which radiates to the upper extremities, and lower back pain that radiates down to the lower extremities. Physical examination was positive for abnormal findings. The treatment plan included medication refills, and request for cervical discectomy and fusion. Disputed issues include EMG/NCV study of the bilateral upper extremities and bilateral shoulder x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV studies of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.” EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, an EMG/NCV study of upper extremities dated July 19, 2013 revealed C5-7 radiculopathy. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCS BUE is not medically necessary.

X-rays of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196 and 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to MTUS guidelines, X ray of the shoulder have high ability to identify infection or tumor. It is not recommended for shoulder strain or shoulder complaints before 4- 6 weeks conservative therapy. X rays imaging could be considered for shoulder complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. There is no clear evidence that the patient have red flags pointing toward shoulders damage. Therefore, the prescription of x-rays of the bilateral shoulders is not medically necessary.