

Case Number:	CM15-0061009		
Date Assigned:	04/07/2015	Date of Injury:	09/03/2013
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 9/3/13. The PR2 dated 2/19/15 noted that the injured worker noted improved lower back pain which he grades as a 2-3 on a (0-10) pain scale and said the pain was significantly higher prior to the epidural steroid injection. He complains of neck pain; left shoulder/left arm pain and headaches that are located in the frontal region. The diagnoses have included industrial injury with lumbar disc protrusion, L4-L5 (improved); industrial induced cervical disc herniation level C2-C3, C6-C7; headaches; insomnia and left shoulder sprain/strain. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the cervical spine and left hip; left hip X-rays; left hip surgery on 9/13/11; lumbar epidural steroid injection ; lumbar facet joint injections; medial branch blocks in the lumbar spine region; radiofrequency ablation of the lumbar medial branches; home exercise; transcutaneous electrical nerve stimulation unit and medications. The request was for electromyography/nerve conduction study of the bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremity: 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 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The injured worker sustained a work related injury on 9/3/13. The medical records provided indicate the diagnosis of industrial injury with lumbar disc protrusion, L4-L5 (improved); industrial induced cervical disc herniation level C2-C3, C6-C7; headaches; insomnia and left shoulder sprain/strain. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the cervical spine and left hip; left hip X-rays; left hip surgery on 9/13/11; lumbar epidural steroid injection; lumbar facet joint injections; medial branch blocks in the lumbar spine region; radiofrequency ablation of the lumbar medial branches; home exercise; transcutaneous electrical nerve stimulation unit and medications. The medical records provided for review do not indicate a medical necessity for EMG/NCV of the bilateral upper extremity. The records indicate the injured worker has left sided sensory loss and positive compression test. Also, although the radiologist found negative evidence of radiculopathy in the cervical MRI, the treating provider is of a different impression. The MTUS recommends further physiologic evidence of nerve dysfunction can be obtained before ordering. Although there is equivocal evidence for left sided cervical radiculopathy, there is no indication the injured worker might have cervical radiculopathy on the right. Therefore, the request for EMG/NCV involving the two upper extremities is not medically necessary.