

Case Number:	CM15-0086215		
Date Assigned:	05/08/2015	Date of Injury:	08/05/2009
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 57 year old male who sustained an industrial injury on 08/05/2009. He reported low back pain. The injured worker was diagnosed as; Myalgia and myositis unspecified; radiculopathy, cervical; radiculopathy, thoracic or lumbosacral; chronic pain due to trauma; unspecified idiopathic peripheral neuropathy; facet arthropathy; low back pain; degenerative disc disease cervical; degenerative disc disease lumbar; and depression. Treatment to date has included a laminectomy and discectomy (2010) and later a Global fusion at L4-5 and L5-S1 (2011), after which he awakened with severe neck and arm pain and later had a C5-C7 fusion (01/13). The worker states the back and neck surgeries have not been all that helpful, except for an improvement in the pain in the arms. On 03/24/2015, the injured worker complains of pain in the lower back, arms, legs, neck and thighs that is moderate to severe. It radiates to bilateral ankles, arms, calves, thighs, and feet and is described as an ache, burning, deep, diffuse, discomforting, localized, numbness, piercing, sharp, shooting, stabbing, superficial and throbbing. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, lying at rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting, and walking. Symptoms are relieved by ice, lying down, and pain medications. The worker rates his pain without medication as a 10/10, and with medications as a 4/10. For the last month, the average pain level is at a 7/10. MRI findings were of cervical spondylosis. The worker's current medications are Trazadone, Methadone and Norco. On examination, there is tenderness of the cervical spine with moderate range of motion, with pain. The Lumbar spine also had tenderness

with moderate pain on range of motion. Neurologically the worker had cranial nerves I through XII grossly intact. He had normal motor, balance, coordination and gait. His fine motor skills were normal. Treatment plan included pain medications and an epidural steroid injection. A request was placed for an electromyogram/nerve conduction velocity study EMG/NCV Bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in August 2009. Treatments have included lumbar and cervical spine surgery. When seen, he was having moderate to severe back pain radiating into the lower extremities. Physical examination findings included decreased and painful cervical and lumbar spine range of motion with tenderness. There was a normal neurological examination. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination or compliant that would support the need for obtaining bilateral upper extremity EMG or NCS testing. Therefore, this request is not medically necessary.