

Case Number:	CM14-0143583		
Date Assigned:	09/12/2014	Date of Injury:	03/22/2010
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old maintenance technician sustained an injury on 3/22/10 while employed by [REDACTED]. Request(s) under consideration include NCV BLES and EMG BLES. Conservative care has included physical therapy, TENS unit, medications, acupuncture, cervical facet injections, and modified activities/rest. Urine drug screen dated 2/21/14 report noted no detection of any medication or analytes. AME report of 4/23/14 noted patient s/p right shoulder arthroscopy in April 2011 with post-op PT. The patient had continued with chiropractor for care and did not return to any form of employment in 2011 or 2012. In 2013, the patient did some seasonal work with temporary increase in neck and shoulder discomfort. The patient continued under care with chiropractic treatment and had not returned to work in 2014. Exam of the cervical spine showed unremarkable normal range; diffuse discomfort without spasm, axial compression with "a little" discomfort; muscle power of 5/5 in the shoulders and upper extremities; reflexes were equal and active; sensation was intact and equal in the upper arms/ hands/ and fingers bilaterally and diminished in forearm, with normal muscle function of hands and no evidence of muscle atrophy. Lower extremities showed intact reflexes, 5/5 motor testing, intact sensation in lower extremities, diminished right thigh and dorsal right toe with "no radicular component to the straight leg raise." It was opined that disability/ impairment when the patient's condition will reach MMI and P&S status once all medical records were reviewed. Report of 7/17/14 from the chiropractic provider noted the patient with continued chronic left arm pain rated at 8/10, right hip pain rated at 8/10, sleep apnea, sleeplessness, depression, hypertension, medication upset stomach. No neurological or musculoskeletal exam was documented. Treatment included internal medicine consult, acupuncture, EMG/NCS. The request(s) for NCV BLES and EMG BLES were non-certified on 8/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV BLES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal, spinal stenosis, or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar neuropathy or entrapment syndrome. The NCV BLES is not medically necessary and appropriate.

EMG BLES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis on imaging, medical necessity for EMG has not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest any lumbar radiculopathy, only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The EMG BLES is not medically necessary and appropriate.