

Case Number:	CM14-0141599		
Date Assigned:	09/12/2014	Date of Injury:	05/07/2013
Decision Date:	03/25/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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 (IW) is a 64 year old female who sustained an industrial injury on 05/07/2013. She has reported pain in the neck and shoulders with limited range of motion. The IW also had pain in the lower back. The diagnoses have included joint derangement, unspecified shoulder, other and unspecified disc disorder cervical region, displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, a back brace, physical therapy, and psychological counseling. Currently, the Injured worker complains of constant pain in the neck when pushing, pulling, lifting, forward reaching and working above the shoulder level. The IW also had associated headaches and tension between the shoulder blades. The low back has constant pain characterized as sharp and radiating into the lower extremities. The pain is worsened by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and or walking multiple blocks. Examination of the cervical spine notes paravertebral muscle tenderness with spasm. Range of motion is limited with pain. Spurling's maneuver is positive. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. On the lumbar spine there is palpable paravertebral muscle tenderness with spasm, seated nerve root test is positive, and the range of motion is restricted. Standing flexion and extension are guarded. The plans are to request physical therapy to the cervical and lumbar spine, request authorization for an EMG/NCV studies of the bilateral lower extremities and EMG/NCV studies of the bilateral upper extremities. MRI's of the lumbar spine, cervical spine, and bilateral shoulders are also requested. On 08/01/2014 Utilization Review non-certified a request for EMG (electromyogram)

bilateral upper extremities, noting that there are signs and symptoms of radiculopathy and neuropathy, however, the completion of requested MRI's and review of the results would be indicated prior to proceeding with EMG/NCV. The ACOEM Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints were cited. On 08/01/2014 Utilization Review non-certified a request for NCV (nerve conduction velocity or studies) bilateral upper extremities, noting that there are signs and symptoms of radiculopathy and neuropathy, however, the completion of requested MRI's and review of the results would be indicated prior to proceeding with EMG/NCV. The ACOEM Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints were cited. On 08/01/2014 Utilization Review non-certified a request for EMG (electromyogram) bilateral lower extremities, noting the documentation indicates there are signs and symptoms of radiculopathy and neuropathy, however, the completion of requested MRI's and review of the results would be indicated prior to proceeding with EMG/NCV. The, ACOEM Guidelines Chapter 12 Low Back Complaints were cited. On 08/01/2014 Utilization Review non-certified a request for NVC (nerve conduction velocity or studies) bilateral lower extremities noting the documentation indicates there are signs and symptoms of radiculopathy and neuropathy, however, the completion of requested MRI's and review of the results would be indicated prior to proceeding with EMG/NCV The, ACOEM Guidelines Chapter 12 Low Back Complaints were cited. On 09/02/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The injured worker sustained a work related injury on 05/07/2013. The medical records provided indicate the diagnosis of joint derangement, unspecified shoulder, other and unspecified disc disorder cervical region, displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, a back brace, physical therapy, and psychological counseling. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocity or studies) bilateral upper extremities. The records indicate that at the same time this request was made, a request was made for cervical MRI. The result of the cervical MRI is not yet known. Also, the records reviewed indicate the injured worker complained of radicular pain to the upper extremities; the physical examination was consistent with radiculopathy (the physical findings revealed positive compression test and spurling's test). The MTUS recommends against electrodiagnostic studies, like Nerve conduction velocity and electromyography) when there is consistency between the history, physical examination and imaging for radiculopathy. Therefore, since it is not known whether the outcome of the Cervical MRI will be consistent with the history and physical, the requested tests is at this stage not medically necessary.

NCV (nerve conduction velocity or studies) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The injured worker sustained a work related injury on 05/07/2013. The medical records provided indicate the diagnosis of joint derangement, unspecified shoulder, other and unspecified disc disorder cervical region, displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, a back brace, physical therapy, and psychological counseling. The medical records provided for review do not indicate a medical necessity for NCV (nerve conduction velocity or studies) bilateral upper extremities. The records indicate that at the same time this request was made, a request was made for cervical MRI. The result of the cervical MRI is not yet known. Also, the records reviewed indicate the injured worker complained of radicular pain to the upper extremities; the physical examination was consistent with radiculopathy (the physical findings revealed positive compression test and spurling's test). The MTUS recommends against electrodiagnostic studies, like Nerve conduction velocity and electromyography when there is consistency between the history, physical examination and imaging for radiculopathy. Therefore, since it is not known whether the outcome of the Cervical MRI will be consistent with the history and physical, the requested tests is at this stage not medically necessary.

EMG (electromyogram) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back EMG (electromyogram)

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

Decision rationale: The injured worker sustained a work related injury on 05/07/2013. The medical records provided indicate the diagnosis of joint derangement, unspecified shoulder, other and unspecified disc disorder cervical region, displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, a back brace, physical therapy, and psychological counseling. The medical records provided for review do not indicate a medical necessity for EMG (electromyogram) bilateral lower extremities. The MTUS recommends against doing EMG for clinically obvious radiculopathy. The record indicates the injured worker has obvious features of radiculopathy as demonstrated by complaint of low back pain that radiates to the legs, positive straight leg raise.

NVC (nerve conduction velocity or studies) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 05/07/2013. The medical records provided indicate the diagnosis of joint derangement, unspecified shoulder, other and unspecified disc disorder cervical region, displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medications, a back brace, physical therapy, and psychological counseling. The medical records provided for review do not indicate a medical necessity for NVC (nerve conduction velocity or studies) bilateral lower extremities. The MTUS is silent on it, but the Official Disability Guidelines recommends against it.