MAXIMUS Federal Services

Case Number:	CM15-0018367		
Date Assigned:	02/06/2015	Date of Injury:	05/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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: Anesthesiology, 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 is a 48 year old male, who sustained an industrial injury on 5/13/14. He has reported back and right leg injuries after a co-worker forcibly pulled something out of his hand causing the body to twist. The diagnoses have included lumbar radiculoapthy, impingement syndrome, and sprain/strain of lumboscaral spine. Treatment to date has included medications, shoulder injections, ice and heat therapy, back brace activity modifications, durable medical equipment and physical therapy. Currently, the injured worker complains of right shoulder pain and low back pain. The back pain is debilitating and the symptoms have flared up with conservative treatment. The back pain is described as constant and severe with profound limitations. There is radiation of pain to the leg and it is aggravated by prolonged activity. The pain is relieved with rest, medications, heat and ice and lying down. The associated symptoms include waking up at night, stiffness, popping, grinding, numbness, tingling, insomnia, affecting socialization and swelling. The right shoulder/arm pain is described as aching, burning and constant with limitations with light activity. The condition is not showing improvement and surgery is pending authorization. Acupuncture has been authorized and will be scheduled. Work status is modified duties. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/18/14 revealed degenerative disc disease but no central canal or neural foraminal narrowing. The x-ray of the lumbar spine dated 1/5/15 revealed disc space narrowing, mild spondylosis, no acute fractures and no intersegmental instability. The right shoulder Magnetic Resonance Imaging (MRI) dated 10/6 /14 revealed low grade tear of the supraspinous tendon, tendinosis and bursitis. On 1/19/15 Utilization Review non-certified a request for EMG of the bilateral lower

extremities and NCV of the bilateral lower extremities, noting that there was insufficient information based on the physical exam and the Magnetic Resonance Imaging (MRI) does not demonstrate a herniated disc compressing the nerve root or significant stenosis. The (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

Decision rationale: EMG is useful in the identification of focal neurological deficits when nerve impairment or impingment is suspected based on sympotms, physical exam and corroborating imaging. According to the documents available for review, there is no indication that the injured worker suffers from a nerve impingment syndrome. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 178.

Decision rationale: NCV is useful in the identification of focal neurological deficits when nerve impairment or impingement is suspected based on symptoms, physical exam and corroborating imaging. According to the documents available for review, there is no indication that the injured worker suffers from a nerve impingement syndrome. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.