Case Number:	CM15-0113959		
Date Assigned:	06/23/2015	**Date of Injury:**	09/23/2014
Decision Date:	07/22/2015	**UR Denial Date:**	05/21/2015
Priority:	Standard	**Application Received:**	06/12/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 24 year old male patient who sustained an industrial injury on 09/23/ 2014. A recent primary treating office visit dated 03/11/2015 reported subjective complaint of having significant left shoulder pain that is unchanged. He is currently taking Norco and was recommended to undergo a course of therapy but he has not scheduled appointment. He is also is need of scheduling a pain management appointment and following through. Objective findings showed tenderness along the left trapezius muscle on the left. There is tenderness at the anterior shoulder into the biceps. There is tenderness posteriorly in the infraspinatus and supraspinatus fossa. Shoulder motion is unrestricted in all planes. He is diagnosed with left shoulder bursitis, and chronic left trapezius strain. A magnetic resonance imaging study of the cervical spine is ordered ruling out any cervical pathology. He is to undergo pain management consultation and attend and participate in a course of physical therapy. Norco 5/325mg was refilled and his is to continue a modified work duty. An initial orthopedic evaluation on 11/05/2014 reported the patient being diagnosed with left shoulder probable SLAP injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 04/29/15), Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic and treatment considerations Page(s): 303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.