MAXIMUS Federal Services

Case Number:	CM15-0179267		
Date Assigned:	09/21/2015	Date of Injury:	11/07/2005
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 is a 59-year-old female worker who was injured on 11-7-2005. The medical records indicated the injured worker (IW) was treated for discogenic cervical condition with radicular components of the upper extremities; impingement syndrome and bicipital tendonitis of the shoulder, left; thoracic sprain; and discogenic lumbar condition with radicular component along the right lower extremity. The IW is disabled. In the progress notes (8-13-15), the IW reported pain along the neck and shoulder blades with pain down both arms with numbness and tingling in both upper extremities. She also complained of shooting pain down the right leg to the knee. She could do chores around the house, limited to lifting 7 pounds or less on each arm, and not working at or above shoulder level. She could sit, stand or walk no more than 40 minutes. Medications were Flector patches and Tylenol extra strength. Objective findings (8-13-15) included tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle and pain along the facets. There was pain with facet loading at C3 through C6. Treatments included left shoulder steroid injection and chiropractic treatment. A Request for Authorization was received for EMG and NCV (electromyography and nerve conduction velocity) testing of the bilateral upper extremities; EMG and NCV testing of the bilateral lower extremities; and MRI of the low back without contrast. The Utilization Review on 8-24-15 non-certified the request for EMG and NCV (electromyography and nerve conduction velocity) testing of the bilateral upper extremities; EMG and NCV testing of the bilateral lower extremities; and MRI of the low back without contrast because the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: EMG/NCV can be considered when there is a radicular or peripheral component of sensory or motor abnormalities with the need to help further localize the pain generator. In this case, there are no sensory or motor changes appreciated on the clinical examination to substantiate the need for these diagnostic studies. The examination reveals only generalized tenderness to palpation in the neck and upper back regions. There is no positive finding of nerve root compromise on examination. Therefore, the request for bilateral EMG/NCV is not medically necessary or appropriate.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Guidelines state that EMG/NCV can be considered when there is a radicular or peripheral component of sensory or motor abnormalities with the need to help further localize the pain generator. In this case, there is no evidence of sensory/motor changes appreciated on the clinical examination to substantiate the medical necessity for these diagnostic studies. The examination reveals only generalized tenderness in the low back region without clinical findings consistent with nerve root compromise. Therefore, the request for bilateral lower extremity EMG/NCV is not medically necessary or appropriate.

MRI Without Contrast of the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The request is for a repeat MRI of the lumbosacral spine. The clinical examination on 8/13/2015 does not reveal any sensory/motor changes in a radicular distribution to justify an MRI. The patient has no red flag conditions necessitating an MRI. The patient had a previous lumbar MRI, which demonstrated foraminal stenosis a multiple levels. There have been no significant changes in the clinical condition in the interim. Therefore, a repeat of the MRI is not medically necessary.