

Case Number:	CM15-0041593		
Date Assigned:	03/11/2015	Date of Injury:	11/13/2009
Decision Date:	05/29/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male, who sustained an industrial injury on 11/13/2009. He reported a fall off the gate of a truck and being knocked out for about 45 minutes. The injured worker was diagnosed as having neck pain with severe cervical spondylosis, status post operative fixation in 8/2010, cervical radiculopathy, thoracic spine pain, headache, low back pain, right shoulder pain, and left knee pain. Treatment to date has included surgical interventions and conservative measures, including magnetic resonance imaging of the cervical spine on 10/10/2014, computerized tomography of the cervical spine on 10/10/2014, x-rays of the cervical spine with flexion/extension on 10/10/2014, psychological treatment, acupuncture, epidural steroid injections, and medications. Currently, the injured worker complains of poor balance, tremors of the hands and arms, bulging discs in his low back, cramping and spasms in his calves, and poor memory. The neurology consultation progress report referenced electromyogram and nerve conduction studies in 1/2014 as normal in all limbs. Medical records also noted abnormal electromyogram of the supraspinatus and infraspinatus muscles from C5 radiculopathy. The rationale for repeating nerve conduction studies to all extremities and shoulder girdle was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS for all extremities and shoulder girdle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178 and 60-61, respectively.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Additionally, the treating physician refers to clinically obvious radiculopathy of both lower extremities. The patient had a previous electrodiagnostic study on 01/14 which was unremarkable. As such, the request for NCS for all extremities and shoulder girdle is not medically necessary.