

Case Number:	CM15-0066542		
Date Assigned:	04/14/2015	Date of Injury:	02/22/2010
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 2/22/10. The injured worker has complaints of neck, low back and right shoulder pain. The diagnoses have included other and unspecified disc disorder, cervical region; other and unspecified disc disorder, lumbar region; other affections of shoulder region, not elsewhere classified and chronic pain syndrome. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) showed multilevel disc disease with no response; right shoulder surgery consisting of rotator cuff decompression, rotator cuff repair and distal clavicle excision; physical therapy; neck collar, neck pillow, medications; hot and cold wrap and transcutaneous electrical nerve stimulation unit. The request was for electromyography/nerve conduction velocity bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper and lower extremities are not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are discogenic cervical condition from C2 through C7. "Nerve studies in the past were being unremarkable;" discogenic lumbar condition with MRI showing disc disease at L4 - L5 and L5 - S1; impingement syndrome right shoulder with MRI showing tendinosis, AC joint wear and rotator cuff tear on follow-up; rotator cuff repair July 2014; chronic pain and inactivity as a result of 20 pound weight gain, insomnia and depression. Documentation pursuant to the March 18, 2015 progress note shows their studies were done and documented significant radiculopathy. Objectively, blood pressure is 170/88 with a heart rate of 77. There is tenderness along the cervical and lumbar paraspinal muscle bilaterally. Abduction is 120 with discomfort on the right. There is no neurologic evaluation progress note. The ACOEM states unequivocal findings and identify specific nerve compromise on the neurologic examination or sufficient to warrant imaging/testing. There is no neurologic evaluation in the March 18, 2015 progress note. There is no evidence of radiculopathy, neuropathy, motor weakness. Additionally, the documentation shows the injured worker underwent "nerve studies" in the medical record. There was no hard copy of the nerve studies in the medical record. Consequently, absent clinical documentation with a neurologic evaluation, unequivocal evidence identifying specific nerve compromise in conjunction with prior nerve studies, EMG/NCV bilateral upper and lower extremities are not medically necessary.