

Case Number:	CM15-0066932		
Date Assigned:	04/14/2015	Date of Injury:	02/08/2006
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
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: 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 51 year old male, who sustained an industrial injury on February 8, 2006. The injured worker has been treated for neck, low back, upper and lower extremity complaints. The diagnoses have included right shoulder internal derangement, lumbar spine degenerative disc disease, cervical herniated nucleus pulposus with radiculopathy, right carpal tunnel syndrome, lumbar herniated nucleus pulposus, lumbar radiculopathy, right lateral epicondylitis, bilateral planter fascia, right shoulder impingement with rotator cuff tear, secondary depression and secondary sleep deprivation. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, injections, psychological treatment, sleep studies, right shoulder surgery and a cervical fusion. Current documentation dated January 6, 2015 notes that the injured workers current complaints included constant neck pain with associated headaches, right wrist and hand pain with numbness and tingling, right shoulder pain, constant low back pain with radiation to the bilateral lower extremities, bilateral planter pain, tooth decay, medication gastritis, right elbow pain, left testicular pain, depression and anxiety. Examination of the thoracolumbar spine revealed tenderness of the paravertebral muscles, spasms, a decreased range of motion and a positive straight leg raise test bilaterally. Lumbar spine orthopedic tests were also positive. The treating physician's plan of care included a request for an electromyography and nerve conduction velocity study of the lower extremities.

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 Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines chapter 12 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with leg symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.