

Case Number:	CM15-0079079		
Date Assigned:	04/30/2015	Date of Injury:	12/16/2013
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 62 year old female who sustained an industrial injury on 12/16/2013. The injured worker was diagnosed with right shoulder rotator cuff syndrome, right elbow medial and lateral epicondylitis, right radial styloid tenosynovitis, cervical sprain/strain, cephalgia, insomnia, anxiety and depression. Treatment to date includes diagnostic testing (cervical magnetic resonance imaging in July 2014 and right shoulder, right elbow, right hand and wrist in November 2014), conservative measures and medications. According to the primary treating physician's progress report on March 5, 2015, the injured worker continues to experience right shoulder, right elbow, wrist and hand pain, headaches and sleep loss due to pain, anxiety and depression. The injured worker rates her right shoulder pain level at 9-10/10 without medications and 7/10 with medications; right elbow and right wrist pain at 8/10 without medications and 6/10 with medications and right hand pain at 9-10/10 without medications and 6/10 with medications. Current medications prescribed were not documented. Examination of the cervical spine noted nuchal tenderness bilaterally with tenderness and myospasm over the paracervical and bilateral trapezii muscles. There was decreased range of motion in all planes due to end range neck pain. Impingement and supraspinatus tests were positive in the right shoulder with palpable and decreased range of motion. Mill's and Cozen's test were positive in the right elbow. Right hand grip strength was noticeably reduced. Lumbar, hip, knee and ankle examination were within normal limits. Sensory, motor and reflex examinations of all four extremities were within normal limits. Treatment plan consists of chiropractic therapy acupuncture therapy, physical therapy,

right wrist brace, hot/cold unit and the current request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremity and lumbosacral paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LLE and Lumbosacral paraspinal muscles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, EMG.

Decision rationale: ODG supports that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support EMG as a diagnostic tool for assessment of condition. As such, EMG is not supported congruent with ODG.

EMG RLE and Lumbosacral paraspinal muscles: Upheld

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

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NCV LLE and Lumbosacral paraspinal muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, NCV.

Decision rationale: ODG supports that NCV EMG is not recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support NCV as a diagnostic tool for assessment of condition. As such, NCV is not supported congruent with ODG.

NCV RLE and Lumbosacral paraspinal muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, NCV.

Decision rationale: ODG supports that NCV EMG is not recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support NCV as a diagnostic tool for assessment of condition. As such, NCV is not supported congruent with ODG.