

Case Number:	CM15-0094920		
Date Assigned:	05/21/2015	Date of Injury:	04/10/2012
Decision Date:	07/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 41-year-old female, who sustained an industrial injury, April 10, 2012. The injured worker previously received the following treatments 12 sessions of postoperative physical therapy for the left shoulder and left shoulder surgery. The injured worker was diagnosed with left shoulder labrum tear, cervical radiculopathy, left shoulder tendinitis/bursitis, left elbow tendinitis/bursitis, left wrist tendinitis/bursitis and lumbar radiculopathy. According to progress note of March 18, 2015, the injured workers chief complaint was left shoulder pain, back pain left elbow pain was numbness and tingling into the bilateral upper extremities. The physical exam noted spasms, tenderness and guarding in the paravertebral musculature of the cervical spine and lumbar spine with loss of range of motion in both. The pain management physician was requesting an epidural steroid injectio0n for the lumbar spine. Left shoulder impingement and Hawkin's signs were noted with strength in the left deltoid grade 4 out of 5. There was tenderness noted at the lateral epicondyle of the left elbow. There was positive Phalen's and reverse Phalen's signs of the left wrist with decreased grip strength, distal radial tenderness and decreased two-point discrimination noted over the hand. The treatment plan for this visit was EMG/NCS (electro diagnostic studies and nerve conduction studies) of the bilateral upper extremities. The treatment request included EMG/NCS (electro diagnostic studies and nerve conduction studies) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies.

Decision rationale: The patient presents on 03/18/15 with unrated left shoulder pain following recent surgery, and complains of unrated lower back pain, elbow pain, and numbness and tingling in the bilateral upper extremities. The patient's date of injury is 04/10/12. Patient is status post percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots at bilateral C3-C6 levels on 11/12/12, status post anterior cervical discectomy C4-C6 on 04/08/14, and status post left shoulder arthroscopy and subacromial decompression on 02/06/15. The request is for EMG LEFT LOWER EXTREMITY. The RFA is dated 04/07/15. Physical examination dated 03/18/15 reveals tenderness to palpation, spasm, and guarding in the paravertebral musculature of the cervical and lumbar spine. The provider notes well healed incisions on the left shoulder, positive impingement and Hawkin's sign in the left shoulder, and decreased deltoid strength. Left upper extremity examination reveals tenderness to palpation at the lateral epicondyle, and positive Phalen's and reverse Phalen's signs are noted in the wrist with associated loss in grip strength, distal radial tenderness, and decreased sensation of the left hand. The patient is currently prescribed Anaprox and an unspecified topical ointment. Diagnostic imaging pertinent to the request was not included. Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro diagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the EMG studies to be performed on the left lower extremity, the patient does not meet guideline criteria. The medical records provided do not indicate that the patient has previously obtained electro diagnostic studies of the lower extremities. Per progress note dated 03/18/15, it is documented that the patient has lower back pain, but does not indicate that this pain radiates into the lower extremities. Furthermore, ODG does not recommend the use of the coupled NCV studies on the lower extremities and supports only EMG studies. The current request, as written, is not supported by the official disability guidelines and cannot be substantiated. The request is NOT medically necessary.

EMG of the right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies.

Decision rationale: The patient presents on 03/18/15 with unrated left shoulder pain following recent surgery, and complains of unrated lower back pain, elbow pain, and numbness and tingling in the bilateral upper extremities. The patient's date of injury is 04/10/12. Patient is status post percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots at bilateral C3-C6 levels on 11/12/12, status post anterior cervical discectomy C4-C6 on 04/08/14, and status post left shoulder arthroscopy and subacromial decompression on 02/06/15. The request is for EMG RIGHT LOWER EXTREMITY. The RFA is dated 04/07/15. Physical examination dated 03/18/15 reveals tenderness to palpation, spasm, and guarding in the paravertebral musculature of the cervical and lumbar spine. The provider notes well healed incisions on the left shoulder, positive impingement and Hawkin's sign in the left shoulder, and decreased deltoid strength. Left upper extremity examination reveals tenderness to palpation at the lateral epicondyle, and positive Phalen's and reverse Phalen's signs are noted in the wrist with associated loss in grip strength, distal radial tenderness, and decreased sensation of the left hand. The patient is currently prescribed Anaprox and an unspecified topical ointment. Diagnostic imaging pertinent to the request was not included. Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro diagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the EMG studies to be performed on the right lower extremity, the patient does not meet guideline criteria. The medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. Per progress note dated 03/18/15, it is documented that the patient has lower back pain, but does not indicate that this pain radiates into the lower extremities. Furthermore, ODG does not recommend the use of the coupled NCV studies on the lower extremities and supports only EMG studies. The current request, as written, is not supported by the official disability guidelines and cannot be substantiated. The request is NOT medically necessary.

NCV of the left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies.

Decision rationale: The patient presents on 03/18/15 with unrated left shoulder pain following recent surgery, and complains of unrated lower back pain, elbow pain, and numbness and tingling in the bilateral upper extremities. The patient's date of injury is 04/10/12. Patient is status post percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots at bilateral C3-C6 levels on 11/12/12, status post anterior cervical discectomy C4-C6 on 04/08/14, and status post left shoulder arthroscopy and subacromial decompression on 02/06/15. The request is for NCV LEFT LOWER EXTREMITY. The RFA is dated 04/07/15. Physical examination dated 03/18/15 reveals tenderness to palpation, spasm, and guarding in the paravertebral musculature of the cervical and lumbar spine. The provider notes well healed incisions on the left shoulder, positive impingement and Hawkin's sign in the left shoulder, and decreased deltoid strength. Left upper extremity examination reveals tenderness to palpation at the lateral epicondyle, and positive Phalen's and reverse Phalen's signs are noted in the wrist with associated loss in grip strength, distal radial tenderness, and decreased sensation of the left hand. The patient is currently prescribed Anaprox and an unspecified topical ointment. Diagnostic imaging pertinent to the request was not included. Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro diagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the NCV studies to be performed on the left lower extremity, the patient does not meet guideline criteria. The medical records provided do not indicate that the patient has previously obtained electro diagnostic studies of the lower extremities. Per progress note dated 03/18/15, it is documented that the patient has lower back pain, but does not indicate that this pain radiates into the lower extremities. Furthermore, ODG does not recommend the use of NCV studies on the lower extremities and supports only EMG studies. The current request, as written, is not supported by the official disability guidelines and cannot be substantiated. The request is NOT medically necessary.

NCV of the right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs –electromyography Low Back chapter under Nerve conduction studies.

Decision rationale: The patient presents on 03/18/15 with unrated left shoulder pain following recent surgery, and complains of unrated lower back pain, elbow pain, and numbness and tingling in the bilateral upper extremities. The patient's date of injury is 04/10/12. Patient is status post percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots at bilateral C3-C6 levels on 11/12/12, status post anterior cervical discectomy C4-C6 on 04/08/14, and status post left shoulder arthroscopy and subacromial decompression on 02/06/15. The request is for NCV RIGHT LOWER EXTREMITY. The RFA is dated 04/07/15. Physical examination dated 03/18/15 reveals tenderness to palpation, spasm, and guarding in the paravertebral musculature of the cervical and lumbar spine. The provider notes well healed incisions on the left shoulder, positive impingement and Hawkin's sign in the left shoulder, and decreased deltoid strength. Left upper extremity examination reveals tenderness to palpation at the lateral epicondyle, and positive Phalen's and reverse Phalen's signs are noted in the wrist with associated loss in grip strength, distal radial tenderness, and decreased sensation of the left hand. The patient is currently prescribed Anaprox and an unspecified topical ointment. Diagnostic imaging pertinent to the request was not included. Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs 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." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro diagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In regard to the NCV studies to be performed on the right lower extremity, the patient does not meet guideline criteria. The medical records provided do not indicate that the patient has previously obtained electro diagnostic studies of the lower extremities. Per progress note dated 03/18/15, it is documented that the patient has lower back pain, but does not indicate that this pain radiates into the lower extremities. Furthermore, ODG does not recommend the use of NCV studies on the lower extremities and supports only EMG studies. The current request, as written, is not supported by the official disability guidelines and cannot be substantiated. The request is NOT medically necessary.