

Case Number:	CM15-0097674		
Date Assigned:	05/28/2015	Date of Injury:	11/04/2014
Decision Date:	07/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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 is a 60 year old male who sustained an industrial injury on 11/04/2014. Mechanism of injury occurred during the course and scope of employment. Diagnoses include cervicothoracic spine strain, lumbar spine strain, right shoulder subacromial impingement syndrome and right lateral epicondylitis. Documented treatment to date has included diagnostic studies, medications, elbow brace, and physical therapy. There is documentation of X rays done in the physician's office on 03/30/2015 of the cervical spine, right shoulder, right elbow, right hand and wrist, left hand and wrist, thoracic spine, lumbosacral spine that reveal no adverse findings. A physician progress note dated 03/30/2015 documents the injured worker complains of pain in the neck, upper back, right shoulder, right elbow, right arm, right hand and wrists, lower back and legs. The cervical spine revealed restricted range of motion and increasing pain towards terminal range of motion. The bilateral shoulder examination reveals restricted range on motion of the right shoulder. Hawkins-Kennedy impingement and Roos test positive in the right shoulder. Bilateral elbow examination showed not visible deformity or asymmetry bilaterally and range of motion was normal. The thoracic spine examination revealed increasing pain towards terminal range of motion. Lumbar examination revealed increasing pain towards terminal range of motion. The treatment plan includes Electromyography/Nerve Conduction Velocity studies of the of the upper extremities, Magnetic Resonance Imaging scans of the cervical thoracic, lumbar spine, right shoulder and right elbow, physical therapy 2-3 times a week for 6 weeks for the cervical , thoracic and lumbar spine and right shoulder, right hand and right wrist. He was provided with a right tennis elbow brace and Futuro wrist brace to help

alleviated his right elbow symptoms. A Urine Drug Screen was collected and a return evaluation in four weeks was requested. Treatment requested is for EMG of the left lower extremity, EMG of the right lower extremity, NCV of the left lower extremity, and NCV of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: 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 chapter under EMGs -electromyography.

Decision rationale: The patient presents on 03/30/15 with unrated pain in the neck, upper back, right shoulder, right upper extremity, bilateral wrists, lower back, and bilateral legs. The patient's date of injury is 11/04/14. Patient has no documented surgical history directed at these complaints. The request is for EMG RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 03/30/15 reveals muscle guarding and spasm on the right side of the cervical spine. There is reduced range of motion in the right shoulder in all planes, especially flexion and abduction with positive Hawkin's and Roo's test noted to the joint. Neurological examination of the bilateral lower extremities reveals intact sensation and motor strength bilaterally. The remainder of the physical examination findings are unremarkable. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 03/30/15 notes several radiographs taken of the cervical spine, right shoulder, right elbow, bilateral wrists, thoracic spine, and lumbar spine. The findings of these radiographs are unremarkable. 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." In regard to the request for an EMG study to be performed on the right lower extremity, the patient does not meet guideline criteria. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities, though there is no documentation of radiculopathy, loss of motor strength, or other abnormal neurological findings on physical examination. Without documentation of neurological deficit or radiculopathy, the requested diagnostic cannot be substantiated. Therefore, this request IS NOT medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

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 Nerve conduction studies -NCS.

Decision rationale: The patient presents on 03/30/15 with unrated pain in the neck, upper back, right shoulder, right upper extremity, bilateral wrists, lower back, and bilateral legs. The patient's date of injury is 11/04/14. Patient has no documented surgical history directed at these complaints. The request is for NCV RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 03/30/15 reveals muscle guarding and spasm on the right side of the cervical spine. There is reduced range of motion in the right shoulder in all planes, especially flexion and abduction with positive Hawkin's and Roo's test noted to the joint. Neurological examination of the bilateral lower extremities reveals intact sensation and motor strength bilaterally. The remainder of the physical examination findings are unremarkable. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 03/30/15 notes several radiographs taken of the cervical spine, right shoulder, right elbow, bilateral wrists, thoracic spine, and lumbar spine. The findings of these radiographs are unremarkable. Patient is currently classified as temporarily totally disabled. 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 Electrodiagnostic 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 request for an NCV study to be performed on the right lower extremity, the patient does not meet guideline criteria. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities, though there is no documentation of radiculopathy, loss of motor strength, or other abnormal neurological findings on physical examination. Without documentation of neurological deficit or radiculopathy the requested diagnostic cannot be substantiated. Furthermore, ODG does not support the utilization of NCV studies for the lower extremities, and only provides support for EMG studies. Therefore, this request IS NOT medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

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 Nerve conduction studies -NCS.

Decision rationale: The patient presents on 03/30/15 with unrated pain in the neck, upper back, right shoulder, right upper extremity, bilateral wrists, lower back, and bilateral legs. The patient's date of injury is 11/04/14. Patient has no documented surgical history directed at these complaints. The request is for NCV LEFT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 03/30/15 reveals muscle guarding and spasm on the right side of the

cervical spine. There is reduced range of motion in the right shoulder in all planes, especially flexion and abduction with positive Hawkin's and Roo's test noted to the joint. Neurological examination of the bilateral lower extremities reveals intact sensation and motor strength bilaterally. The remainder of the physical examination findings are unremarkable. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 03/30/15 notes several radiographs taken of the cervical spine, right shoulder, right elbow, bilateral wrists, thoracic spine, and lumbar spine. The findings of these radiographs are unremarkable. Patient is currently classified as temporarily totally disabled. 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 Electrodiagnostic 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 request for an NCV study to be performed on the left lower extremity, the patient does not meet guideline criteria. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities, though there is no documentation of radiculopathy, loss of motor strength, or other abnormal neurological findings on physical examination. Without documentation of neurological deficit or radiculopathy the requested diagnostic cannot be substantiated. Furthermore, ODG does not support the utilization of NCV studies for the lower extremities, and only provides support for EMG studies. Therefore, this request IS NOT medically necessary.

EMG of the left lower extremity: 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 chapter under EMGs -electromyography.

Decision rationale: The patient presents on 03/30/15 with unrated pain in the neck, upper back, right shoulder, right upper extremity, bilateral wrists, lower back, and bilateral legs. The patient's date of injury is 11/04/14. Patient has no documented surgical history directed at these complaints. The request is for EMG LEFT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 03/30/15 reveals muscle guarding and spasm on the right side of the cervical spine. There is reduced range of motion in the right shoulder in all planes, especially flexion and abduction with positive Hawkin's and Roo's test noted to the joint. Neurological examination of the bilateral lower extremities reveals intact sensation and motor strength bilaterally. The remainder of the physical examination findings are unremarkable. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 03/30/15 notes several radiographs taken of the cervical spine, right shoulder, right elbow, bilateral wrists, thoracic spine, and lumbar spine. The findings of these radiographs are unremarkable. 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." In regard to the request for an EMG study to be performed on the left lower extremity, the patient does not meet guideline criteria. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities, though there is no documentation of radiculopathy, loss of motor strength, or other abnormal neurological findings on physical examination. Without documentation of neurological deficit or radiculopathy, the requested diagnostic cannot be substantiated. Therefore, this request IS NOT medically necessary.