

Case Number:	CM15-0098297		
Date Assigned:	05/29/2015	Date of Injury:	11/18/2013
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: Preventive Medicine, Occupational 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 60-year-old male, who sustained an industrial injury on 11/18/13. He reported pain in his neck, bilateral shoulders, back, hips and bilateral knees and legs due to repetitive motions. The injured worker was diagnosed as having cervical sprain, derangement of the shoulder joint, enthesopathy of the hip and internal derangement of the knee. Treatment to date has included acupuncture, physical therapy, chiropractic treatments and an EMG/NCV study of the bilateral lower extremities on 12/4/14 showing no evidence of lumbar radiculopathy or peripheral neuropathy. Current medications include Hydrocodone and Tramadol. As of the PR2 dated 4/16/15, the injured worker reports intermittent 5/10 neck pain and stiffness that radiates to his bilateral shoulders. He also indicated 5/10 pain in the upper back that radiates to the bilateral shoulders and 6/10 pain in his bilateral knees. Objective findings include restricted range of motion in the shoulders, positive impingement signs and a positive McMurray's sign in the bilateral knees. The treating physician requested an EMG/NCV of the 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 of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. An EMG/NCV study of the lower extremities was performed on 12/4/14, which revealed no evidence of lumbar radiculopathy, flexopathy or peripheral neuropathy. There is no evidence of nerve injury or related symptoms on physical examination. The request for EMG/NCV of the bilateral lower extremities is determined to not be medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker has had long-standing neck and shoulder pain with radiation into the arms bilaterally. The request for EMG/NCV of the bilateral upper extremities is determined to be medically necessary.