

Case Number:	CM13-0001908		
Date Assigned:	12/18/2013	Date of Injury:	03/31/2008
Decision Date:	02/25/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 61 year old female presents with injury date of 03/31/2008. According to the provider's report from 06/20/2013 the patient's symptoms are getting worse. The high level pain is interfering with sleep. The pain in the neck is so severe that they are going down both upper extremities with numbness, tingling, and weakness. Pain is 10/10 and lumbar spine is 8/10 with radiation down the right lower extremity and down to the foot, numbness and tingling, weakness. Examination showed pain with range of motion only. The diagnostic impressions were cervical spine, thoracic and lumbar spine degenerative disk disease, all positive per MRI, cervical spine, lumbar spine radiculopathy clinically, cervicalgia, lumbago and thoracic spine pain. Treatment was for updated MRI of the cervical, thoracic, and lumbar spine and also nerve conduction velocity/EMG study of the bilateral upper and lower extremities due to her new complaints. These requests were addressed via utilization review letter 07/03/2013. In reviewing this report closely, the utilization reviewer recommended EMG studies of the bilateral lower extremities but denied nerve conduction studies 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 of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines allows for EMG studies as a diagnostic for a patient presenting with low back pain to rule out focal nerve problems. Recommendation is for authorization

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with increased symptoms in low back and radiating symptoms down mainly the right lower extremity. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines allow EMG studies to be performed for patients presenting with low back pain. Review of the records does not show evidence of prior EMG studies. The treating physician indicates that these symptoms have gotten worse. Recommendation is for authorization.

NCV of 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with increased low back and left lower extremity symptoms. The treating physician has requested nerve conduction studies. Traditionally, nerve conduction studies and EMG have been performed together. However, American College of Occupational and Environmental Medicine (ACOEM) Guidelines supports EMG studies for diagnostic workup for low back pain, but for nerve conduction studies, other diagnostic concerns need to be raised. In this patient, the diagnostic concerns are radiculopathy emanating from the lumbar spine. For this condition, EMG/needle studies are all that is recommended per ACOEM Guidelines. Recommendation is for denial

NCV of 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with increased low back and left lower extremity symptoms. The treating physician has requested nerve conduction studies. Traditionally, nerve conduction studies and EMG have been performed together. However, American College of Occupational and Environmental Medicine (ACOEM) Guidelines supports EMG studies for diagnostic workup for low back pain, but for nerve conduction studies, other diagnostic concerns need to be raised. In this patient, the diagnostic concerns are radiculopathy emanating from the lumbar spine. For this condition, EMG/needle studies are all that is recommended per ACOEM Guidelines Recommendation is for denial.