

Case Number:	CM13-0032024		
Date Assigned:	12/04/2013	Date of Injury:	06/22/2011
Decision Date:	12/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Anesthesiology 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 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/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:

According to the records made available for review, this is a 49-year-old female with a 6/22/11 date of injury. At the time (9/4/13) of Decision for EMG bilateral upper extremities, EMG bilateral lower extremities, NCV bilateral upper extremities, and NCV bilateral lower extremities, there is documentation of subjective (headaches, upper back pain radiating to the shoulders, low back pain radiating to both legs and feet with numbness, and difficulty walking due to leg cramps) and objective (decreased range of motion of the lumbar spine and low back muscle spasms) findings, imaging findings (MRI of the Lumbar spine (4/3/13) report revealed transitional lumbosacral anatomy described as partial sacralization of L5; and multilevel degenerative changes in the lumbar spine which appear most pronounced at L4-L5 where there is mild central canal stenosis with more moderate narrowing of the lateral recesses bilaterally, and there is mild neuroforaminal stenosis bilaterally at this level), current diagnoses (lumbosacral neuritis and lumbosacral sprain), and treatment to date (epidural steroid injection and medications). Regarding EMG/NCV bilateral upper extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding EMG/NCV bilateral lower extremities, there is no documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria For Ordering Imaging Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyogram (EMG) / Nerve Conduction Velocity (NCV) Studies. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and lumbosacral sprain. However, despite documentation of subjective (headaches and upper back pain radiating to the shoulders) and objective (decreased range of motion of the lumbar spine and low back muscle spasms) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG bilateral upper extremities is not medically necessary.

Electromyogram (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyogram (EMG) / Nerve Conduction Velocity (NCV) Studies. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and lumbosacral sprain. However, despite documentation of subjective (headaches and upper back pain radiating to the shoulders) and objective (decreased range of motion of the lumbar spine and low back muscle spasms) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177, 33.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyogram (EMG) / Nerve Conduction Velocity (NCV) studies. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and lumbosacral sprain. However, despite documentation of subjective (headaches and upper back pain radiating to the shoulders) and objective (decreased range of motion of the lumbar spine and low back muscle spasms) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for Ordering Imaging 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, Electrodiagnostic studies.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, Official Disability Guidelines (ODG) does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and lumbosacral sprain. However, despite documentation of subjective (back pain radiating to both legs and feet with numbness) and objective (decreased range of motion of the lumbar spine and low back muscle spasms) findings, there is no (clear) documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Velocity (NCV) bilateral lower extremities is not medically necessary.