

Case Number:	CM13-0043883		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2013
Decision Date:	06/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 33-year-old male who reported an injury on January 15, 2013 secondary to lifting. The MRI dated March 22, 2013 revealed multilevel discogenic disease, a 2 mm posterior disc bulge at L4-5, no facet arthropathy, and a 2 mm anterior disc protrusion at L4-5. In addition, it was noted there was a 3 mm posterior disc extrusion at L5-S1, extending nerve root compromise bilaterally at L5-S1, and an annular tear at L4-5 and L5-S1. The MRI of the cervical spine dated March 22, 2013 noted mild local scoliosis, and reversal of cervical lordosis pivoted around C3-4 which may have been associated with spasm. There were no disc bulges or protrusions and no extrinsic or intrinsic cord abnormalities. An EMG (electromyography) of the bilateral upper and lower extremities dated October 9, 2013 revealed there was no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper or lower limbs. The clinical note dated December 10, 2013 reported the injured worker complaining of back pain rated at 9/10 and neck pain rated at 9/10. He also reported radiation of pain, numbness, and tingling in the bilateral lower extremities going down to his feet, and pain, numbness, and tingling in the right upper extremity going to his fingers. The injured worker's medication regimen included Norco, Flexeril, ketoprofen, and Lidopro cream. The physical examination revealed paraspinal tenderness bilaterally to the cervical, thoracic, and lumbar spine. There was decreased sensation in the right C5, C6, and C7 dermatomes to pinprick and light touch and decreased sensation in the right L4, L5, and S1 dermatomes to pinprick and light touch. The motor strength was noted at 4/5 in the bilateral upper extremities and 4/5 in the bilateral lower extremities. The injured worker was noted to be hyperreflexic in the bilateral biceps, brachial radialis, triceps, patella, and Achilles. There was a negative Hoffman's, absent Babinski, negative

Clonus, and a positive straight leg raise on the right at 60 degrees causing pain to the calf. The right knee examination revealed painful range of motion and there was a positive slump test on the right to the calf. The injured worker's diagnoses included lumbar radiculopathy, sprain/strain of the cervical spine, and right knee and right shoulder arthralgia. The injured worker's previous treatments have included chiropractic treatment, physical therapy, epidural steroid injections, and medications. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES (BUE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, TABLE 8-8,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The guidelines also state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical information submitted for review documented that the injured worker had participated in conservative care to include physical therapy, chiropractic treatment, and medication; however, the information failed to provide details regarding objective functional gains made and the most recent clinical note provided failed to show evidence of current functional deficits. In addition, there is a lack of documentation of any significant change since the last EMG/NCV study, performed on October 9, 2013, to warrant updated studies. The request for an EMG of the BUE is not medically necessary or appropriate.

EMG OF THE BILATERAL LOWER EXTREMITIES (BLE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks. The clinical information submitted for review documented the injured worker had participated in conservative care to include physical therapy, chiropractic treatment, and medication; however, the information failed to provide details regarding objective functional gains made and the most recent clinical note

provided failed to show evidence of current functional deficits. In addition, there is a lack of documentation of any significant change since the last EMG/NCV study, performed on October 9, 2013, to warrant updated studies. The request for an EMG of the BLE is not medically necessary or appropriate.

NCV OF THE BILATERAL UPPER EXTREMITIES (BUE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM states Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the clinical information provided for review, there is a lack of documentation of any significant change since the last EMG/NCV study, performed on October 9, 2013, to warrant updated studies. The request for an NCV of the BUE is not medically necessary or appropriate.

NCV OF THE BILATERAL LOWER EXTREMITIES (BLE): 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 (ODG), Low Back, NCV

Decision rationale: The California MTUS/ACOEM does not specifically address nerve conduction velocity testing. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification when an injured worker is presumed to have symptoms on the basis of radiculopathy. Within the clinical information provided for review, there is a lack of documentation of any significant change since the last EMG/NCV study, performed on October 9, 2013, to warrant updated studies. The request for an NCV of the BLE is not medically necessary or appropriate.