

Case Number:	CM13-0058345		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2010
Decision Date:	03/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The patient is a 30-year-old female, with a date of injury of 12/22/2010. The listed diagnoses per [REDACTED] dated 09/23/2013 are: Cervical sprain/strain, Cervical facet syndrome, and Sleep disturbance. According to the report dated 09/23/2013 by the provider, the patient presents with pain in shoulders that "radiates into lower upper extremities." There was no physical examination noted on this report. The provider requests a facet block of the left C5-C6 level, MRI (magnetic resonance imaging) of the cervical spine and EMG/NCV (electromyography/Nerve conduction velocity) study of the lower extremities. The report dated 08/21/2013 notes patient continues with persistent neck pain and headaches. Objective findings note thoracic pain radiating to left scapula and positive "comp skull.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV testing of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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).

Decision rationale: The patient presents with pain in the shoulders. The provider requests an EMG/NCV (electromyography/Nerve conduction velocity) study of the left lower extremities. Utilization review dated 10/03/2013 denied request stating "there is no documentation of lower extremity symptoms in the documentation submitted." The ACOEM guidelines state, "electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." In regard to NCV studies, the Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended for low back conditions. The guidelines further indicate that, "in the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In this case, the progress reports show no documentation of back pain, radicular pain, or any concerns for peripheral neuropathy. No examination is provided regarding the low back or the legs. EMG/NCV studies are not indicated in the absence of symptoms. The recommendation is for denial.

EMG/NCV testing to the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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).

Decision rationale: The patient presents with pain in the shoulders. The provider requests an EMG/NCV (electromyography/Nerve conduction velocity) study of the left lower extremities. Utilization review dated 10/03/2013 denied request stating "there is no documentation of lower extremity symptoms in the documentation submitted." The ACOEM guidelines state, "electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." In regard to NCV studies, the Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended for low back conditions. The guidelines further indicate that, "in the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In this case, the progress reports show no documentation of back pain, radicular pain, or any concerns for peripheral neuropathy. No examination is provided regarding the low back or the legs. EMG/NCV studies are not indicated in the absence of symptoms. The recommendation is for denial.