

Case Number:	CM14-0003229		
Date Assigned:	01/31/2014	Date of Injury:	01/22/2002
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of January 22, 2002. Treatment to date has included medications, physical therapy, aquatic therapy, nerve blocks, radiofrequency ablations, biofeedback, cervical spine fusion, and laminectomy. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of severe neck and low back pain with paralysis and numbness from his nipple line down. On physical examination, the patient was ambulating using a walker with wheels and back and sliding area. Sensation was decreased from the chest downward. There was motor weakness of the quadriceps and hamstrings. Straight leg raising test was negative. Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the upper and lower extremities dated December 20, 2013 revealed possible polyneuropathy in the lower extremities associated with diabetes, moderate right carpal tunnel syndrome, and possible chronic C4-5 radiculopathy. Utilization review from December 18, 2013 denied the request for EMG/NCV bilateral upper and lower extremities because there was no information provided as to why an EMG/NCV would be useful for either the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY BILATERAL UPPER AND LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Occupational Medical Practice Guidelines (OMPG), Chapter 5, page 79,

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 Chapter, Nerve Conduction Studies; Neck & Upper Back Chapter, Nerve Conduction Studies.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the upper and lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, the patient presents with focal neurologic deficits in the form of paraparesis and decreased sensation from the chest downward. Furthermore, the patient has severe neck pain with numbness and tingling sensation of both shoulders. Patient's manifestations indicate radiculopathy; presence of clinical signs of radiculopathy is not warranted for NCS. Therefore, the request for Nerve Conduction Study Bilateral Upper and Lower Extremities is not medically necessary.

ELECTROMYEOGRAPHY BILATERAL UPPER AND LOWER EXTREMITIES:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Chapter 5, page 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 238. Decision based on Non-MTUS Citation LOW BACK CHAPTER, ELBOW DISORDERS,

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to page 238 of the ACOEM Practice Guidelines, EMG of the upper extremities is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, EMG/NCS of the upper and lower extremities was made to confirm his paraparesis and to determine specifically what level it is. The medical records revealed findings of focal neurologic deficits in the form of paraparesis and decreased sensation from the chest downward. Furthermore, the patient had severe neck pain with numbness and tingling sensation of both shoulders which may indicate possible nerve entrapment. Therefore, the request for Electromyography Bilateral Upper and Lower Extremities is medically necessary.

