

Case Number:	CM14-0101062		
Date Assigned:	07/30/2014	Date of Injury:	11/21/2011
Decision Date:	10/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine and is licensed to practice in Illinois. 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 29-year-old who reported an injury on November 21, 2011 with an unknown mechanism of injury. The injured worker was diagnosed with lower back strain/sprain rule out tendonitis/bursitis and tendonitis/bursitis of the hips. The injured worker was treated with physical therapy and medication. The injured worker had an unofficial EMG (electromyogram)/ NCV (nerve conduction velocity) exam of the upper extremity on February 21, 2012 and unofficial shoulder and cervical MRI on May 10, 2012. The injured worker had no surgical history indicated in the medical records. On the clinical note dated May 7, 2014, the injured worker complained of continuous pain in the low back that occasionally travels to her legs. She had episodes of numbness and tingling in the right leg. The injured worker had spasms and tenderness in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. The injured worker was prescribed tramadol ER 150mg daily, Vicodin, and topical patches; the dosage and frequency was not provided. The treatment plan was for EMG/ NCV of bilateral lower extremities. The rationale for the request was to rule out peripheral nerve entrapment disorder. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker is diagnosed with lower back strain/ sprain rule out tendonitis/bursitis and tendonitis/bursitis of the hips. The injured worker complains of continuous pain in the low back that occasionally travels to her legs. The Official Disability Guidelines note there are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of peroneal nerve compression neuropathies. The injured worker had a negative straight leg raise test bilaterally. There is a lack of significant physical examination findings which demonstrate neurological deficit in the lower extremities. As such, the request for EMG of the right lower extremity is not medically necessary or appropriate.

NCV (nerve conduction velocity) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker is diagnosed with lower back strain/ sprain rule out tendonitis/bursitis and tendonitis/bursitis of the hips. The injured worker complains of continuous pain in the low back that occasionally travels to her legs. The Official Disability Guidelines note there are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of peroneal nerve compression neuropathies. There is a lack of documentation which demonstrated positive provocative testing to the lower extremities. There is a lack of significant physical examination findings which demonstrate peripheral neuropathy in the lower extremities. As such, the request for NCV of left lower extremity is not medically necessary or appropriate.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker is diagnosed with lower back strain/ sprain rule out tendonitis/bursitis and tendonitis/bursitis of the hips. The injured worker complains of continuous pain in the low back that occasionally travels to her legs. The Official Disability Guidelines note there are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of peroneal nerve compression neuropathies. There is a lack of documentation which demonstrated positive provocative testing to the lower extremities. There is a lack of significant physical examination findings which demonstrate peripheral neuropathy in the lower extremities. As such, the request for NCV of Right Lower Extremity is not medically necessary or appropriate.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker is diagnosed with lower back strain/ sprain rule out tendonitis/bursitis and tendonitis/bursitis of the hips. The injured worker complains of continuous pain in the low back that occasionally travels to her legs. The Official Disability Guidelines note there are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of peroneal nerve compression neuropathies. The injured worker had a negative straight leg raise test bilaterally. There is a lack of significant physical examination findings which demonstrate neurological deficit in the lower extremities. As such, the request for EMG of Left Lower Extremity is not medically necessary or appropriate.