

Case Number:	CM14-0110383		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2010
Decision Date:	10/07/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 46 year old male who had a work-related injury on 02/03/10, this is a result from a motor vehicle accident. He injured his legs, back, neck, shoulders, arm, elbow, and hand and knees. Most recent medical record submitted for review is dated 05/01/14. The injured worker's back in complaining of shoulder, low back, and knee pain. He states his lumbar spine is feeling better. Pain is rated 6/10. Pain radiates to his legs. He has intermittent right shoulder pain which is rated 8-9/10. Pain radiates to his arm and increases with activity. Pain on bilateral knees is rated 5-6/10 complains of popping. Physical examination noted lumbosacral range of motion flexion 45 degrees, extension 40 degrees, right knee range of motion is 0 to 120 degrees, tenderness to palpation over the medial joint line, positive McMurray's, right shoulder range of motion is decreased, and tenderness in the shoulder and trapezius. Diagnoses include disc disorder of cervical spine, bicep tendonitis, and lateral epicondylitis. Prior utilization review on 06/17/14 was non-certified. Current request is for electromyography of the bilateral lower extremities, nerve conduction velocity studies of bilateral lower extremities. In review of the medical records submitted, there is no indication that the injured worker has failed physical therapy or if there is any imaging studies of his lumbar spine. There is no clinical evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines-online version, Low Back Complaints, Electromyography.

Decision rationale: As noted in the California guidelines, Needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of acute and sub-acute low back disorders. Prior utilization review on 06/17/14 was non-certified. Current request is for electromyography of the bilateral lower extremities, nerve conduction velocity studies of bilateral lower extremities. In review of the medical records submitted, there is no indication that the injured worker has failed physical therapy or if there is any imaging studies of his lumbar spine. Therefore medical necessity has not been established.

Nerve Conduction Velocity (NCV) Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Nerve conduction studies (NCS)

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for Nerve Conduction Velocity (NCV) Right Lower Extremity is not medically necessary. The clinical documentation submitted does not support the request. Prior utilization review on 06/17/14 was non-certified. Current request is for electromyography of the bilateral lower extremities, nerve conduction velocity studies of bilateral lower extremities. In review of the medical records submitted, there is no indication that the injured worker has failed physical therapy or if there is any imaging studies of his lumbar spine. Therefore medical necessity has not been established.

Nerve Conduction Velocity (NCV) Left lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Nerve conduction studies (NCS)

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 - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The request for Nerve Conduction Velocity (NCV) Right Lower Extremity is not medically necessary. The clinical documentation submitted does not support the request. Prior utilization review on 06/17/14 was non-certified. Current request is for electromyography

of the bilateral lower extremities, nerve conduction velocity studies of bilateral lower extremities. In review of the medical records submitted, there is no indication that the injured worker has failed physical therapy or if there is any imaging studies of his lumbar spine. Therefore medical necessity has not been established.

Electromyography (EMG) Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines-online version, Low Back Complaints, Electromyography.

Decision rationale: As noted in the California guidelines, Needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of acute and sub-acute low back disorders. Prior utilization review on 06/17/14 was non-certified. Current request is for electromyography of the bilateral lower extremities, nerve conduction velocity studies of bilateral lower extremities. In review of the medical records submitted, there is no indication that the injured worker has failed physical therapy or if there is any imaging studies of his lumbar spine. Therefore medical necessity has not been established.