

Case Number:	CM14-0117427		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2001
Decision Date:	09/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/26/2014

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 Physical Medicine and Rehabilitation, 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 61-year-old-female who sustained an injury on 04/15/2013. No mechanism of injury was mentioned. The patient complains of pain in the lower back and right lower extremity. Exam has showed paraspinal spasm from L5 through the lower thoracic spine. There was sharp pain to palpation over the right sciatic notch. Kemp's test more so on the right than on the left, both reproduced S1 more so than L5 pain through the posterior/lateral thigh, calf and plantar/dorsal foot. SLR was positive bilaterally. Motor weakness in the L5 and S1 distribution on the right 4-/5 and left 4/5, and dermatomal hypoesthesia in the right L5 and S1. She continues pain in the neck radiating to the right shoulder and upper extremity with numbness/tingling. Right spurling was positive. Dysethesia at the right shoulder was noted. Upper extremity motor strength of the shoulder abductors (C5); elbow flexors (C5, C6); elbow extensors (C7); wrist extensors (C6, C7); wrist flexors (C7, C8); finger abductors (C8, T1) on Right was 4/5 and on Left was 5/5. Upper extremity reflexes: Biceps; Brachioradialis; Triceps 2+ bilaterally. There is sharp pain and limitation to ROM to cervical extension at 10 degrees, flexion at 20 degrees and right lateral bending at less than 10 degrees. Left lateral bending induces some alleviation of pain. Cervical spine x-rays reveal moderate C5-6 disc space narrowing with mild straightening of the cervical lordosis; lumbar spine x-ray reveal severe L4-5 disc space narrowing with end plate change; bilateral shoulder x-rays: unremarkable. Diagnoses are: Right cervical radiculopathy; right lumbar radiculopathy. UR determination for Electromyography (EMG) of the upper and lower extremities; for Nerve conduction studies (NCS) of the upper and lower extremities: Non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Low Back Chapter: Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the guidelines, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Furthermore, EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. In this case, there is clear evidence of radiculopathy in the right upper and lower extremities. There is no documentation of plan for any surgical intervention or epidural injections. Based on the guidelines and the clinical information the request is not medically necessary.

Nerve conduction studies (NCS) of the 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 Official Disability Guidelines, Neck & Upper Back Chapter, Low Back Chapter: Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. In this case, there is clear evidence of radiculopathy in the right upper and lower extremities. There is no evidence or symptoms of neuropathy in this injured worker. Thus, the medical necessity has not been established per guidelines and clinical information; the request is not medically necessary.