

Case Number:	CM14-0179980		
Date Assigned:	11/07/2014	Date of Injury:	04/06/2010
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family 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 a 56-year-old woman who was injured at work on 4/6/2010. The injury was primarily to her neck, back and right shoulder. She is requesting review of denial for an Electromyogram (EMG) and Nerve Conduction Study (NCV) of the Bilateral Lower Extremities. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress and Supplemental Reports. The chronic diagnoses in these reports include the following: Right Shoulder Partial Rotator Cuff Tear; Right Shoulder Acromioclavicular Joint Osteoarthritis; Cervical Degenerative Disc Disease; and Lumbar Myospasm. Treatment has included: Physical Therapy, Chiropractic Treatments, Opioids and NSAIDs. She had undergone an EMG of the upper extremities in January, 2014 which demonstrated "no evidence of cervical radiculopathy. In an office visit in June, 2014 the patient described subjective symptoms consistent with a right-sided L5-S1 radiculopathy along with decreased sensation to pinprick and a positive straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of electrodiagnostic studies for patients with back pain. These guidelines state that electrodiagnostic studies (e.g. EMG/NCV) are "not recommended for clinically obvious radiculopathy (Page 309). This section of the MTUS/ACOEM Guidelines also provides the physical examination correlates of lumbosacral nerve root dysfunction (Table 12-3). The medical records document sensory examination findings consistent with an L5-S1 radiculopathy and this match the patient's history. There is also a documented positive straight leg test. Under these conditions, the evidence from the medical records is consistent with a clinically obvious radiculopathy and based on the stated MTUS/ACOEM Guidelines, EMGs/NCVs of the bilateral lower extremities is not considered as medically necessary.