

Case Number:	CM14-0032194		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2009
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 39-year-old male with a reported injury on 11/04/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 06/18/2014 reported that the injured worker complained of neck and back pain. The physical examination of the injured worker's lumbar spine revealed an increase of lordosis. It was reported that there was tenderness to palpation in the pelvic brim and junction, left greater than right. Sciatic notch tenderness was also noted bilaterally. The range of motion of the lumbar spine demonstrated forward flexion to 40 degrees, extension was neutral, and lateral rotation to the right and left was 20 degrees. The physical examination of the injured worker's cervical spine demonstrated tightness to the paravertebral musculature and trapezius bilaterally, right greater than left. The range of motion of the cervical spine demonstrated forward flexion to 20 degrees and extension to 15 degrees. It was reported that the injured worker's pain radiated to the cervico-occipital, laterally into the shoulder, along the shoulder blade, and into the lateral aspect of the deltoid insertion. It was reported that the injured worker's lumbar pain radiated to the right anterolateral leg down to the hallux. The injured worker's prescribed medication list included Norco, Prilosec OTC, and Promolaxin. The injured worker's diagnoses included shoulder/arm sprain/strain; carpal tunnel syndrome; brachial neuritis/radiculitis; unspecific thoracic/lumbar neuritis/radiculitis; and tarsal tunnel syndrome. The provider requested electromyography (EMG) for the bilateral lower extremities and nerve conduction velocity (NCV) studies of the bilateral lower extremities; the provider's rationale for the treatments was not provided within the clinical documentation. The injured worker's prior treatment included a land-based exercise and was transitioned to aquatic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: The CA MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state 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. It is noted that the injured worker's lumbar spine pain radiates to the right anterolateral leg down to the hallux. It is also noted that the injured worker's diagnoses included thoracic and lumbar radiculitis. Therefore, the request for Electromyography (EMG) of the bilateral lower extremities is not medically necessary.

Nerve conduction velocity studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic).

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, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. It is noted that the injured worker has diagnoses which include thoracic and lumbar radiculopathy. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity study. Therefore, the request for Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities is not medically necessary.