

Case Number:	CM14-0040915		
Date Assigned:	06/27/2014	Date of Injury:	09/06/2006
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Interventional Spine 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 64 year old male with an injury date of 09/06/06. Based on the 02/28/14 progress report provided by the physician, the patient complains of cervical spine pain and reports increased stiffness with cold weather. He also has constant right shoulder pain and feels fatigued when eating, as he has difficulty bringing a utensil up to his mouth repetitively. The patient also has lumbar spine pain and has pain radiating to his lower extremities. He has a positive straight leg raise on the right. The patient's diagnoses include the following: Postop right shoulder rotator cuff repair revision, Status post right Achilles repair, Bilateral shoulder impingement, Cervical spine HNP with radiculopathy, Bilateral carpal tunnel syndrome, Lumbar spine myoligamentous sprain and strain, Right knee meniscus injury, Stress, anxiety, and depression. The physician is requesting for the following: Electromyography (EMG) left lower extremity, Electromyography (EMG) right lower extremity, Nerve conduction velocity (NCV) left lower extremity, and Nerve conduction velocity (NCV) right lower extremity. The utilization review determination being challenged is dated 03/14/14. The physician is the requesting provider, and he provided three treatment reports from 12/06/13, 02/19/14, and 08/28/14.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (electromyography), Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 02/28/14 report by the physician, the patient presents with cervical spine pain, constant right shoulder pain, and lumbar spine pain radiating to his lower extremities. The request is for an electromyography (EMG) of the left lower extremity. There were no previous EMG studies conducted. ACOEM Guidelines page 303 states, Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks. This patient has mentioned persistent pain in the low back in every progress report since 12/06/13, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. Recommendation is for authorization.

Electromyography (EMG) right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (electromyography), Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 02/28/14 report by the physician, the patient presents with cervical spine pain, constant right shoulder pain, and lumbar spine pain radiating to his lower extremities. The request is for an electromyography (EMG) of the right lower extremity. There were no previous EMG studies conducted. ACOEM Guidelines page 303 states, Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks. This patient has mentioned persistent pain in the low back in every progress report since 12/06/13, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. Recommendation is for authorization.

Nerve Conduction Velocity (NCV) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (electromyography), 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) ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary)Nerve conduction studies (NCS).

Decision rationale: According to the 02/28/14 report by the physician, the patient presents with cervical spine pain, constant right shoulder pain, and lumbar spine pain radiating to his lower extremities. The request is for a nerve conduction velocity (NCV) of the left lower extremity. There were no previous NCV studies conducted. A 02/19/14 report states that The patient has constant moderate to moderately severe pain of his lumbosacral spine, which occasionally increases to severe. The pain occurs in the lower portion of the lumbosacral spine. He has occasional radiation of pain into the lower extremities. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013). In this situation, NCV studies are not recommended per ODG guidelines. Recommendation is for denial.

Nerve Conduction Velocity (NCV) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMGs (electromyography), 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) ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary)Nerve conduction studies (NCS).

Decision rationale: According to the 02/28/14 report by the physician, the patient presents with cervical spine pain, constant right shoulder pain, and lumbar spine pain radiating to his lower extremities. The request is for a nerve conduction velocity (NCV) of the right lower extremity. There were no previous NCV studies conducted. A 02/19/14 report states that The patient has constant moderate to moderately severe pain of his lumbosacral spine, which occasionally increases to severe. The pain occurs in the lower portion of the lumbosacral spine. He has occasional radiation of pain into the lower extremities. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013). In this situation, NCV studies are not recommended per ODG guidelines. Recommendation is for denial.

