

Case Number:	CM14-0045309		
Date Assigned:	06/27/2014	Date of Injury:	04/06/2010
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
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 Family Medicine, and is licensed to practice in Arizona. 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 55-year-old female with a date of injury on 4/6/2010. The patient has been treated for ongoing symptoms related to the cervical spine, right shoulder, and lumbar spine. Subjective complaints are of ongoing right shoulder pain, cervical spine pain which radiates to the arms, and lumbar pain with radiation down the leg. Physical exam shows decreased cervical spine range of motion, and decreased right shoulder range of motion. Exam of the lumbar spine showed decreased range of motion and absent Achilles tendon reflexes. Motor testing was normal. Sensory exam was decreased along the posterior lateral thigh, lateral calf and dorsum of the foot. Straight leg raise test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, EMG.

Decision rationale: CA MTUS suggests that electromyography/nerve conduction velocity study (EMG/NCS) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, subjective and objective lumbar radicular signs are clinically present and there is no evidence of confounding lower extremity peripheral entrapment. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are not medically necessary.

Nerve Conduction Velocity (NCV) bilateral 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 (ODG): Low Back Chapter, Nerve Conduction Velocity (NCV).

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, NCS.

Decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. This patient has low back pain with objective signs of radiculopathy. Therefore, the request for a nerve conduction study is not medically necessary.