

Case Number:	CM14-0065617		
Date Assigned:	07/11/2014	Date of Injury:	02/24/2014
Decision Date:	09/24/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 02/24/2014 due to the repetitive nature of her work duties. The injured worker had a history of cervical tenderness, right shoulder tenderness and lumbosacral tenderness that included tenderness over the right gluteal area. The diagnoses included cervical spine strain with right sided radiculitis, tendinitis of the right shoulder with impingement syndrome and lumbosacral strain with right radicular pain. The diagnostics dated 07/29/2013 of the lumbar spine revealed grade 1 spondylolisthesis at the L5-S1, multilevel degenerative changes with osteopenia, and mild sclerosis of the thoracolumbar junction. No past treatment plan was available. The objective findings dated 04/30/2014 of the lumbosacral spine included tenderness to the right gluteal area, positive straight leg raise at 70 degrees on the right and 85 degrees on the left and decreased sensation of the right anterior thigh. The medications included Anaprox 550 mg, Prilosec 20 mg, and tramadol 50 mg. No VAS was provided. The MRI of the lumbar dated 05/23/2014 was not available for review. The treatment plan included medications, electromyogram, and nerve conduction velocity study. The Request for Authorization dated 04/22/2014 was submitted with documentation. The rationale for the electromyogram/nerve conduction study was that it is required for diagnosis purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (electromyography) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 2 summary of recommendations, low back disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation (ODG) Low Back Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The request for 1 EMG (electromyography) of the right lower extremity is not medically necessary. The California MTUS/ACOEM indicates that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Discography is not recommended for assessing patients with acute low back symptoms. The Official Disability Guidelines recommends as an option (needle, not surface). Electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but an electromyography is not necessary if radiculopathy is already clinically obvious. The clinical note indicated that the injured worker had radiculopathy noted and diagnosed. The clinical notes did not provide the MRI for review. No past treatments for review. As such, the request is not medically necessary.

NCV (nerve conduction velocity) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 2 summary of recommendations, low back disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Lumber & Thoracic, Nerve Conduction Studies.

Decision rationale: The request for the NCV (nerve conduction velocity) of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical note did not indicate any past treatments. The injured worker had a diagnosis of radiculopathy. As such, the request is not medically necessary.