

Case Number:	CM14-0069374		
Date Assigned:	07/14/2014	Date of Injury:	04/11/2010
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Practice 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:

53-year-old female claimant sustained a work injury on April 11, 2010 involving the neck and low back. She was diagnosed with cervical discopathy with radiculopathy, lumbar sacral discopathy with radiculopathy, chronic pain syndrome, epicondylitis of the left elbow and chronic right knee pain. She had a nerve conduction velocity and EMG testing in September 2010 as well as March 2013 which showed possible S1 radiculopathy on the left side. She had undergone a L5-S1 interbody fusion in November 2013. She had undergone physical therapy as well as use oral analgesics and muscle relaxers for symptomatic relief. A progress note on 3/6/14 indicated the claimant had continued upper extremity paresthesias, weakness and pain. She had lower extremity burning sensation and difficulty standing due to locking in numbness. Examination findings were noted for tenderness in the cervical and lumbar spine regions. There was decreased sensation in the lower extremity and limited range of motion of the cervical spine. On March 7, 2014 Nerve conduction studies of the lower extremities showed no abnormalities. Nerve conduction studies of the upper extremities showed increased distal latency in the right and left medial motor fibers. Decreased nerve conduction velocity was noted in the ulnar nerve across the left elbow. EMG Studies did not reveal any evidence of sharp waves or fibrillation of the sample muscles in the upper extremities. There was no electrophysiologic evidence to support motor radiculopathy of the lower or upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Neck Complaints).

Decision rationale: According to the ACEOM and ODG guidelines, an NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the EMG was unremarkable. The claimant had prior NCV studies several years ago. There is no indication to repeat this test and the NCV is not medically necessary.

Nerve Conduction Velocity Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Lumbar Pain).

Decision rationale: According to the ACOEM and ODG guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the claimant did not have abnormal neurologic findings. There was no plan for surgery. There were no radicular symptoms. The claimant had prior NCV studies several years ago. The request for an NCV is not medically necessary.

Electromyography Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for diagnosis of nerve root involvement. It is used to clarify nerve root dysfunction preoperatively for suspected discrimination. There was no indication for surgery or epidural injections. The claimant had previously undergone the studies for years previously. There was no current indication for an EMG and therefore it is not medically necessary.

Electromyography Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Pain.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for clinically obvious radiculopathy. It may be appropriate to clarify nerve root dysfunction. In this case the claimant did not have abnormal neurologic findings. There was no plan for surgery. There were no radicular symptoms. The claimant had prior EMG studies. The request for an EMG is not medically necessary.