

Case Number:	CM14-0082938		
Date Assigned:	07/21/2014	Date of Injury:	05/01/2000
Decision Date:	10/06/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 49 years old female with an injury date on 05/01/2000. Based on the 03/12/2014 progress report provided by [REDACTED], the diagnoses are: Cervicothoracic spondylosis, rule out cervical radiculopathy; Lumbar spine scoliosis, rule out right lumbar radiculopathy; Bilateral shoulder impingement syndrome. According to this report, the patient complains of frequent headache, neck pain, bilateral shoulder pain and middle back pain. The patient also complains of numbness and tingling that radiates to the upper and lower extremities. Prolong sitting and standing would aggravates the pain. Rest and medications help decrease the pain. The patient rated the pain as a 9/10 for the middle back and 8/10 for the neck pain. Physical exam of the lower back reveals positive straight leg raise. The patient complains of pain toward terminal range of motion. There were no other significant findings noted on this report. The utilization review denied the request on 04/28/2014. [REDACTED] is the requesting provider, and he provided treatment report date 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, EMGs

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

Decision rationale: According to the 03/12/2014 report by [REDACTED] this patient presents with frequent headache, neck pain, bilateral shoulder pain and middle back pain. The treating physician is requesting EMG of the left lower extremity. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 supports EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports do not show any evidence of EMG being done in the past. In this case, the treating physician has requested for an EMG of the lower extremities and the guidelines support it. Recommendation is that the request is medically necessary.

NCS Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, nerve conduction studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians.

Decision rationale: According to the 03/12/2014 report by [REDACTED] this patient presents with frequent headache, neck pain, bilateral shoulder pain and middle back pain. The treating physician is requesting NCV of the left lower extremity. Regarding nerve conduction studies, ACOEM does not discuss it but ODG states that it is not recommended for radiating legs symptoms presumed to be coming from the spine. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is that the request is not medically necessary.

NCS right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, nerve conduction studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies: See also Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians.

Decision rationale: According to the 03/12/2014 report by [REDACTED] this patient presents with frequent headache, neck pain, bilateral shoulder pain and middle back pain. The treating physician is requesting NCV of the right lower extremity. Regarding nerve conduction studies, ACOEM does not discuss it but ODG states that it is not recommended for radiating leg symptoms presumed to be coming from the spine. In this case, the patient's legs symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Recommendation is that the request is not medically necessary.

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