

Case Number:	CM14-0006345		
Date Assigned:	05/23/2014	Date of Injury:	01/04/2011
Decision Date:	04/01/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on January 4, 2011. The diagnoses have included status post anterior cervical fusion and discectomy C5-C6 and C6-C7 with probable cervical spondylosis at C4-C5, painful mass digital right wrist, etiology undetermined, multilevel degenerative disc disease lumbosacral spine with radiculopathy and axial back pain, probably facet generated, right knee internal derangement rule out foreign medical meniscus, and removal of pulse generator unit and dorsal column stimulator on May 14, 2013. Treatment to date has included cervical dorsal column stimulator, activity modification, physical therapy, and medications. Currently, the injured worker complains of severe low back pain, saddle paresthesia, severe bilateral lower extremity radiculopathy, moderate to severe neck pain, and upper extremity radiculopathy. The Primary Treating Physician's report dated October 23, 2013, noted the injured worker approximately five months status post removal of a cervical spine dorsal column stimulator. Physical examination of the cervical spine was noted to show slight cervical spinous process tenderness, slight paraspinal muscle guarding with minimal tenderness, and slight trapezius spasm without significant tenderness. The lumbosacral spine examination was noted to show spinous process tenderness of the mid to lower lumbosacral spine from L3 to the sacrum, with moderate to severe paraspinal muscle guarding and tenderness and moderate guarding of movement. On December 12, 2013, Utilization Review non-certified a repeat electromyography (EMG) of the bilateral lower extremities and a repeat nerve conduction velocity (NCV) of the bilateral lower extremities, noting that objective evidence of a significant change in the injured worker's clinical condition that would warrant the need for a

repeat study was not provided. The MTUS American College of Occupational and Environmental Medicine Guidelines and the Official Disability Guidelines (ODG) were cited. On January 16, 2014, the injured worker submitted an application for IMR for review of a repeat electromyography (EMG) of the bilateral lower extremities and a repeat nerve conduction velocity (NCV) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), LOW BACK COMPLAINTS, 303-305.

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 Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that 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 request is for a repeat EMG. The patient had an electrodiagnostic study on 1/24/2012 which reported right L5 radiculopathy. The original report was not submitted but the result was paraphrased in multiple progress notes. The request for repeat electrodiagnostic testing was specified in a note dated 10/23/13. However, Within the documentation available for review, there are no significant changes in physical examination findings or symptomatology to support a repeat study. The patient was noted to have lower extremity pain and paresthesias on a long standing basis. Without mention of a significant change in neurologic status, this request is not medically necessary.

REPEAT NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for NCV of the lower extremities, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guidelines further specify that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the request is for a repeat NCV. The patient had an electrodiagnostic study on 1/24/2012 which reported right L5 radiculopathy. The original report was not submitted but the result was paraphrased in multiple progress notes. The request for repeat electrodiagnostic testing was specified in a note dated 10/23/13. However, Within the documentation available for review, there are no significant changes in physical examination findings or symptomatology to support a repeat study. The patient was noted to have lower extremity pain and paresthesias on a long standing basis. Without mention of a significant change in neurologic status, this request is not medically necessary.