MAXIMUS Federal Services

Case Number:	CM14-0014662		
Date Assigned:	02/28/2014	Date of Injury:	12/01/2011
Decision Date:	01/08/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

According to the records made available for review, this is a 36-year-old male with a date of injury on 12/01/2011. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 12/04/2013 indicated the diagnoses of lumbar spine strain with possible disc herniation, rule out radiculopathy; history of cervicothoracic spine strain; and history of left shoulder strain. Subjective findings from 12/04/2013 were remarkable for an increase in pain to the lower back that radiated to the hips with numbness to the lower extremities; neck pain; and left shoulder pain. The pain is rated a nine out of ten to the lower back, a seven out of ten to the neck, and a seven out of ten to the left shoulder. Physical examination performed on this date was remarkable for muscle spasms to the trapezius muscles bilaterally in the cervical region and muscle spasms to the paraspinal musculature in the lumbar region. The treating physician also noted painful range of motion, however the documentation provided did not indicate the specific details of the injured worker's range of motion. A physical examination also indicated Jamar kilograms in the right to be nineteen, seventeen, and seventeen; and fifteen, thirteen, and twelve in the left. Medical records provided included the diagnostic studies of urine toxicology screen. Documentation from 12/04/2013 indicated a request for magnetic resonance imaging of the lumbar spine and bilateral upper and lower extremity electromyogram and nerve conduction velocity studies, but no radiologic results were provided. Medical records provided refer to prior treatment with the medication regimen of Anaprox and Prilosec. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 12/04/2013 noted the injured worker's work status of remaining off of work until the next evaluation. On 01/15/2014, Utilization Review non-certified the prescription for an electromyogram of the bilateral lower extremities and

noncertified a prescription for a nerve conduction study to the bilateral lower extremities. Utilization Review based their determination on MTUs/ACOEM for electrodiagnostics, noting that there was a lack of a detailed neuro examination of the bilateral upper extremities or the bilateral lower extremities, along with the injured worker being on nonsteroidal anti-inflammatory drugs for only two years, thereby non-certifying the request for electromyogram of the bilateral lower extremities and non-certifying a nerve conduction study to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, EMG Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was fou

Decision rationale: ODG supports that EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support EMG as a diagnostic tool for assessment of condition. As such EMG is not supported congruent with ODG.

NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting

Decision rationale: ODG supports that NCV is not recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of

radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support NCV as a diagnostic tool for assessment of condition. As such NCV is not supported congruent with ODG.