

Case Number:	CM14-0126169		
Date Assigned:	08/13/2014	Date of Injury:	07/18/2013
Decision Date:	07/13/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 33-year-old male who sustained an industrial injury on 07/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications, therapy, injections, and a home exercise program. Diagnostic studies are not addressed. Current complaints include headaches, neck, chest, low back, right shoulder and left knee pain. Current diagnoses include headaches, neck sprain/strain, brachial neuritis or radiculitis, lumbar sprain/strain, right shoulder internal derangement, and left knee sprain/strain. In a progress note dated 07/07/14 the treating provider reports the plan of care as medications including Norco, and cyclobenzaprine, urine drug screen, follow-up with an orthopedic specialist, continue home exercise program, and nerve conduction studies of the bilateral lower extremities. The requested treatment includes nerve conduction studies 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:

1 NCV/EMG Study of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back- Lumbar and Thoracic (Acute & Chronic).

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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses her neck sprain strain; brachial neuritis or radiculitis; chest wall contusion; lumbar sprain strain; lumbar radiculopathy; bilateral shoulder internal derangement; and right shoulder full rotator cuff tear. The request for authorization dated July 3, 2014. The progress note dated July 7, 2014 shows the worker has low back pain that radiates in the lower extremities 8/10. Objectively, there is no neurologic evaluation in the progress note documentation. A different provider on April 24, 2014 does note there is decreased sensation at the L5 - S1 dermatome affecting the left lower extremity. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, there were no objective findings within the body of the medical record affecting the right lower extremity. Consequently, absent compelling clinical documentation with recent objective evidence of radiculopathy with guidelines non-recommendations or minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, bilateral lower extremity EMG/NCV studies are not medically necessary.