

Case Number:	CM14-0192931		
Date Assigned:	11/26/2014	Date of Injury:	04/06/1986
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 4/6/1986. She was diagnosed with cervical disc degeneration, headache, lumbar stenosis, bilateral lumbar radiculopathy, sacroiliac joint dysfunction, left greater trochanter bursitis, left arm radiculopathy. She was treated with cervical fusion, lumbar laminotomy, physical therapy, TENS unit, heat, cold, injections, and medications. On 8/7/14, the worker was seen by her secondary treating physician complaining about her continual bilateral neck pain, right upper extremity pain, right lower extremity pain, left shoulder pain, right shoulder pain, left hip pain, and right hand pain. She reported taking pain medications for her pain, but remained with a reported 4/10 pain scale rated pain level. She was in need of refills that day. She did report that her "neuropathic symptoms" in both her upper and lower extremities with numbness and tingling in her hands and feet and weakness in her hands and legs had been worsening. Physical examination included restricted range of motion of the lumbar spine, tenderness of the lumbar paravertebral muscles bilaterally, normal motor strength, and normal sensory examination (grossly). A report of a detailed neurological examination was not included in the progress note. He was then recommended to have nerve testing for both upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromography/Nerve Conduction Velocity Study of the Bilateral Lower Extremities between 10/15/2014 and 11/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Lumbar & Thoracic (acute and chronic), EMG, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, her provider included in their note the worker's complaint of worsening numbness, tingling, and weakness of her upper and lower extremities. Physical examination findings, however, did not reveal any sensory or motor deficits. She was then recommended EMG/NCV testing for both upper and lower extremities. Without at least some evidence from physical examination findings to suggest neuropathy, it is difficult to justify nerve testing in this case. Therefore, the EMG/NCV testing will be considered medically unnecessary.