MAXIMUS Federal Services

Case Number:	CM14-0196273		
Date Assigned:	12/04/2014	Date of Injury:	02/26/2008
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 50-year-old male who had a motor vehicle accident leading to injuries of the back, neck, left elbow, and left shoulder in 2008 and subsequently, leading to a discectomy and fusion at the L4-5 level in February 2012. As of October 20, 2014 subjective symptoms and findings included neck and low back pain, headaches, and erectile dysfunction. The worker has radiation of symptoms down his arms and legs. The worker complains of numbness in the abdomen down to the groin region, numbness, decreased sensation and erectile dysfunction, tenderness of the clavicle on the left, tenderness with left shoulder motion, and tenderness to palpation of the lower back with numbness in both legs. The worker was being treated with an H-Wave unit. Medications included Norco, Imitrex, Colace, Celebrex, testosterone ejection, Trazodone, Effexor. Additional medications prescribed include Zanaflex, Viagra and Naproxen. Diagnoses include chronic low back pain, right greater than left radicular symptoms, degenerative changes of the lumbar spine at L4-5 with a left paracentral disc protrusion, status post discectomy and fusion L4-5, chronic low back and left hip pain, chronic neck pain, right sided disc protrusion C4-5, disc bulge C3-4 and spondylosis at C6-7, history of bilateral inguinal hernia repair 1990s and erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Study (EMG/NCS) of the Upper/Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Nerve Conduction Studies

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, Elbow complaints Page(s): 296, 33.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.For cervical radiculopathy, the MTUS states that an electromyography (EMG) study may be indicated if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks.In this case, the injured worker has non-focal upper and lower extremity neurologic symptomology (i.e. not in a specific radicular distribution) and therefore, the request for Electromyography/Nerve Conduction Study (EMG/NCS) of the Upper/Lower Extremities is not medically necessary or appropriate.