

Case Number:	CM14-0198244		
Date Assigned:	12/08/2014	Date of Injury:	07/27/2014
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 injured worker is a 40 year old male with a date of injury as 07/27/2014. The cause of the injury was related to cumulative trauma. The current diagnosis includes lumbosacral spondylosis. Previous treatments included ice, foot/ankle support, analgesic rub, and oral pain medication. Primary treating physician's reports dated 07/08/2014 through 10/06/2014 were included in the documentation submitted for review. Report dated 10/06/2014 noted that the injured worker presented with complaints that included intermittent neck, elbow, lower back, right knee, and left heel pain. The injured worker rated his pain on a scale of 1 to 10, stating that his pain in the neck is 6 out of 10, lumbar spine and right knee is 8 out 10, and left heel is 5 out of 10. There was no report of numbness or tingling in his upper extremities, and no radiating pain, numbness or tingling in the lower extremities. It was noted that the injured worker has having difficulty ascending and descending stairs, light housework and making meals, rising from a chair, standing, walking, sleeping, putting on and taking off shoes and dressing and undressing. Physical examination of the cervical area revealed a muscle spasm at C3-C7, decreased range of motion. Shoulder examination revealed stiffness in the cervical spine, and tenderness to palpation. Elbow examination revealed tenderness to palpation, pain with wrist extension and flexion in the epicondyle, wrist examination was positive for carpal tunnel Tinel and Phalen sign bilaterally, and decreased sensation in the thumb/finger/long finger. Lumbar spine examination revealed a spasm at L3-S1, decreased range of motion, unable to walk on heels and toes, straight leg raises were positive. Further examination revealed hip pain, positive McMurray sign in the right knee, and decreased quadriceps and hamstring strength, tenderness to palpation was noted in the left ankle, tightness and point tenderness over the insertion of the Achilles tendon. Imaging was performed but none of the reports were included, the physician documented that the cervical spine was within normal limits, L4-L5 and L5-S1 disc space

narrowing. Elbow, right knee, left foot and ankle imaging was within normal limits. Physician impression was cervical spine sprain/strain, no evidence of radiculopathy, no evidence of shoulder pathology, bilateral elbow medial epicondylitis with some numbness and tingling down to his fingers, bilateral hand and wrist weakness most likely due to epicondylitis, lumbar spine pain with left sided radiculopathy, rule out disc herniation, left heel pain over the Achilles tendon, rule out partial Achilles tear, and right knee popping, swelling and catching due to altered gait. The physician noted that the injured worker had failed three months of conservative treatment. Recommendation for the EMG/NCV was made to rule out compressive neuropathy. The injured worker is temporarily totally disabled. The utilization review performed on 10/28/2014 non-certified a prescription for an EMG/NCV of the bilateral lower extremities stating that the guidelines do not support medical necessity when radiculopathy is clinically obvious. The reviewer referenced the California MTUS, ACOEM, and the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG

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, CA MTUS and ACOEM 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Furthermore, the provider also recommended a lumbar spine MRI, the results of which may obviate the need for electrodiagnostic testing. In light of the above issues, the currently requested EMG is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG

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, CA MTUS and ACOEM 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Furthermore, the provider also recommended a lumbar spine MRI, the results of which may obviate the need for electrodiagnostic testing. In light of the above issues, the currently requested EMG is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, EMG/NCS

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 NCV, CA MTUS and ACOEM 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Furthermore, the provider also recommended a lumbar spine MRI, the results of which may obviate the need for electrodiagnostic testing. In light of the above issues, the currently requested NCV is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, EMG/NCS

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 NCV, CA MTUS and ACOEM 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Furthermore, the provider also recommended a lumbar spine MRI, the results of which may obviate the need for electrodiagnostic testing. In light of the above issues, the currently requested NCV is not medically necessary.