

Case Number:	CM14-0201690		
Date Assigned:	12/12/2014	Date of Injury:	11/30/2011
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Interventional spine, 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 patient is a 60 year old male with the injury date of 11/30/11. Per physician's report 10/30/14, the patient has pain in his lower back, left shoulder, left elbow and left wrist. "His lower back pain radiates down his right thigh and legs." The lists of diagnoses are:1) left ulnar nerve subluxation2) Left shoulder impingement3) Left wrist probably IFCC tear4) Lumbar strain possible L4-5Per 10/22/14 progress report, "There are multiple positive musculoskeletal signs and symptoms, restricted ROM to lumbar spine bilaterally." SLR is positive. The patient had authorization for chiropractic treatment. The lists of diagnoses are:1) Lumbar sprain/ strain2) Lumbago/ low back pain3) Myalgia/ MyofascitisPer 09/17/14 progress report, the patient experiences depression and anxiety, which cause sleep problem. The patient is not able to work. Per Utilization review letter on 11/13/14, MRI of the lumbar spine 04/18/13 shows multilevel disc disease with protrusion and encroachment of the nerve roots in L3-L5 primarily. The utilization review determination being challenged is dated on 11/13/14. Treatment reports were provided from 08/25/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS), Electrodiagnostic studies (EDS).

Decision rationale: The patient presents with pain in his lower back, radiating down his lower extremities bilaterally. The request is for electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities. There is no indication provided if there were any previous EMG or NCS conducted. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. In this case, the request is for EMG/NCV studies for the patient's low back pain that radiates down the right lower extremity. Given that the patient has not had this test performed in the past, the request for EMG is medically necessary. Regarding nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, the treater does not discuss symptoms in his leg except "his lower back pain radiates down his right thigh and legs." Given that the patient has not had this test performed in the past, the request for NCV is medically necessary.