

Case Number:	CM14-0208543		
Date Assigned:	12/22/2014	Date of Injury:	01/27/2010
Decision Date:	03/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/12/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male with an injury date of 01/27/2010. Based on the 09/15/2014 progress report, the patient complains of midback pain and thoracic spine pain. He rates his pain as a 6/10 and states that the pain is present 100% of the time. The 09/22/2014 report states that the patient rates his pain as a 5/10. No positive exam findings are provided on this report. The 10/29/2014 report states that the patient rates his pain as a 6/10 and describes his pain as being stiff. He has bilateral leg numbness/tingling. In regards to both the lumbar and thoracic spine, the patient has pain with range of motion. He has a positive Kemp's test bilaterally. The patient's diagnoses include the following: 1. Midback pain, thoracic pain. 2. Low back pain, lumbar pain. 3. Lumbosacral pain. 4. Pain in joint. 5. Sciatica. The utilization review determination being challenged is dated 11/06/2014. Treatment reports are provided from 06/18/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower EMG/NCS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding EMGs (electromyography) and NCS (nerve conduction studies)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 260-262.

Decision rationale: The patient presents with lumbar spine pain and thoracic spine pain. The request is for a BILATERAL LOWER EMG/NCS. The utilization review determination rationale is that there lacks any reflex or motor changes to clinically correlate the reported sensory changes. Review of the reports does not indicate if the patient has had a prior EMG/NCV study. For EMG, ACOEM Guidelines page 303 states electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. ODG Guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines second edition chapter 11, page 260-262 states: Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. This may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal and early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of the treatment if symptoms persist. In this case, the patient has been complaining of lower back pain as early as 06/18/2014. He has numbness and tingling in his bilateral legs, pain with range of motion, and a positive Kemp's test. Review of the reports does not indicate if the patient has had a prior EMG/NCV study of the lower extremities. Given the patient's increase in low back pain and lower extremity numbness/tingling, the requested EMG/NCS of the bilateral lower extremities IS medically necessary.