

Case Number:	CM15-0102213		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2005
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on September 1, 2014. He reported neck pain radiating to the right shoulder, low back pain with pain radiating to bilateral lower extremities, bilateral knee pain, bilateral shoulder pain with radiating tingling and numbness into bilateral upper extremities and groin pain with a hernia. The injured worker was diagnosed as having internal derangement of the right knee, lumbosacral discopathy, left inguinal hernia repair and right shoulder impingement. Treatment to date has included diagnostic studies, surgical repair of inguinal hernia, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain radiating to the right shoulder, low back pain with pain radiating to bilateral lower extremities, bilateral knee pain, bilateral shoulder pain with radiating tingling and numbness into bilateral upper extremities and groin pain with a hernia. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 10, 2015, revealed continued pain as noted. He reported the injury as cumulative trauma from work duties. Evaluation on May 12, 2015, revealed continued pain as noted. Electrodiagnostic studies of the bilateral lower extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 287-316.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for low back pain with bilateral lower extremity radiculopathy. Prior testing has included an MRI of the lumbar spine in October 2005 showing findings of multilevel disc protrusions and foraminal compromise. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was decreased lower extremity strength and sensation. EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is already apparent by the clinical examination performed and prior results of advanced imaging performed more than 10 years ago. Therefore the requested lower extremity EMG was not medically necessary. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore the requested lower extremity NCV was not medically necessary.

EMG/NCV Left Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 287-316.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for low back pain with bilateral lower extremity radiculopathy. Prior testing has included an MRI of the lumbar spine in October 2005 showing findings of multilevel disc protrusions and foraminal compromise. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was decreased lower extremity strength and sensation. EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is already apparent by the clinical examination performed and prior results of advanced imaging performed more than 10 years ago. Therefore the requested lower extremity EMG was not medically necessary. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore the requested lower extremity NCV was not medically necessary.

