

Case Number:	CM15-0104068		
Date Assigned:	06/08/2015	Date of Injury:	03/21/2014
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male who sustained an industrial injury on 03/21/2014. Current diagnoses include cervical sprain/strain with multi-level degenerative disc disease, bulging discs, foraminal stenosis and central stenosis at C5-6. Previous treatments included medications, physical therapy, and deep breathing exercises. Previous diagnostic studies include cervical and lumbar MRI and x-rays of the cervical spine. Report dated 04/28/2015 noted that the injured worker presented with complaints that included neck and upper back pain. It was noted that the injured worker does not have any radiation of pain to the extremities and is not experiencing any weakness, numbness, or paresthesias. The injured worker completed 6 physical therapy treatments and was recommended for discharge to a home exercise program. It was also noted that the injured worker is receiving acupuncture for his non-industrial back pain. Pain level was not included. Physical examination was positive for tenderness in the cervical spine, thoracic spine, and lumbar spine, and range of motion in the neck is within normal limits. The treatment plan included a request for EMG/NCV study of the upper and lower extremities to rule out radiculopathy, continue modified duty with restrictions, physical therapy is being discontinued, Anaprox, Protonix, and Zanaflex were prescribed, and follow up in 4 weeks. Disputed treatments include an electromyogram (EMG)/nerve conduction velocity (NCV) study of the bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In addition, there is no documentation of radicular symptoms. EMG/NCV bilateral lower extremities is not medically necessary.