Case Number:	CM15-0107949		
Date Assigned:	06/12/2015	Date of Injury:	03/06/2015
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43-year-old male who sustained an industrial injury on 03/06/2015. Mechanism of injury occurred when he strained his back setting up a computer for a new employee. Diagnoses include thoracic sprain/strain, thoracic spine pain and back pain. Treatment to date has included diagnostic studies, medications, and physical therapy, acupuncture, and chiropractic sessions. Thoracic spine x ray done on 03/27/2015 showed mild degenerative changes. Magnetic Resonance Imaging of the thoracic spine done on 04/06/2015 was grossly unremarkable. His medications include Naproxen, Tylenol #3 as needed, and Prilosec. A physician progress note dated 04/24/2015 documents the injured worker states his back pain has decreased a mild amount, but has remained the same for the last 4 weeks. His mid back pain is more to the left and he rates it as 7 out of 10 on the pain scale, but does increase at times to 9 out of 10. His sleep is interrupted secondary to pain. It is described as a constant ache with occasional stabbing pain, and he has occasional back spasms. He also has some aching pain in the lower back that he rates as 5-6 out of 10 on the pain scale. He has had two episodes of numbness in the left foot involving all of his toes. He reports feelings of anxiety and depression. There is restricted and painful range of motion of the thoracic and lumbar spine. The treatment plan is for a prescription of Naproxen and Omeprazole, acupuncture sessions, and a follow up in 6 weeks. Treatment requested is for Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses or thoracic sprain strain; thoracic spine pain; and back pain. A peer-to-peer conference was initiated between utilization review provider and the treating provider. Johanna PA-C was contacted. The utilization review provider indicated there were no radicular symptoms and no objective radicular findings on physical examination. Johanna P-AC indicated the purpose of the EMG was to facilitate ordering an MRI. According to progress note April 24, 2015, the injured worker has persistent back pain 7/10. The low back pain is not constant. There have been #2 occasions of numbness in the left what involving all of the toes. There is no radiation of pain, numbness or tingling. On physical examination, range of motion of the thoracic and lumbar spine was decreased. Neurologically, there were no significant neurologic abnormalities. The worker has not received physical therapy, but has received chiropractic treatment. Consequently, absent clinical documentation with subjective and objective findings of radiculopathy, additional conservative treatment consisting of physical therapy, bilateral lower extremity EMG/NCV studies are not medically necessary.