

Case Number:	CM15-0013352		
Date Assigned:	02/02/2015	Date of Injury:	01/28/2014
Decision Date:	04/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: 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 injured worker is a 61-year-old male, who sustained a work/ industrial injury on 1/28/14 with closed head trauma. He has reported symptoms of pain to cervical spine, thoracic spine, lumbar spine, shoulder, right hand, and right hip. Pain was rated 6-8/10. Headaches were also reported. Ambulation was done with crutches due to right leg instability, functionality, and weakness. Prior medical history was not documented. The diagnoses have included subdural and cerebral hemorrhage. Surgery included evacuation of a subdural hematoma with metal plate fixation. Per the primary treating physician's report on 8/6/14, examination noted slight decreased range of motion in the cervical spine, tenderness with palpation over suboccipital region, trapezius and paraspinals, bilaterally as well as hypertonicity bilaterally. Shoulder depression test was positive, Spurling's test was positive on the right; sensation was decreased at 4/58 on the right at C5, 6, 7, 8 but normal on left. Deep tendon reflexes were 1++ in the brachioradialis and triceps bilaterally. Exam of the thoracic spine revealed tenderness over the paraspinals bilaterally. Exam of the lumbar spine revealed decreased range of motion with tenderness over the paraspinals equally. Treatment to date has included medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and chiropractic care. The Computed Tomography (CT) scan of the lumbar spine showed bulges at L3-S1 with stenosis and facet changes. Neurological evaluation on 9/24/14 noted no lumbar radiculopathy or a request for the EMG/NCV. Medications included Norco and Lidoderm patch. On 12/24/14, Utilization Review non-certified an EMG/NCV of the Bilateral Lower Extremities for the low back, noting the

American College of Occupational and Environmental Medicine (ACOEM) Guidelines for EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of The Bilateral Lower Extremities for The Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, EMG studies; NCV studies.

Decision rationale: The 60-year-old patient presents with constant pain in neck, bilateral shoulders, and middle and lower back along with headaches, rated at 8/10, as per progress report dated 04/03/14. The request is for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES FOR THE LOW BACK. There is no RFA for this case, and the patient's date of injury is 01/28/14. The patient is status post brain surgery on 02/14/14, as per progress report dated 04/03/14. The patient is taking Norco for pain relief. Diagnoses included cervical sprain, r/o cognitive dysfunction, and lumbar sprain r/o disc herniation. The patient is not working, as per the same progress report. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, only one progress report dated 04/03/14 has been provided for review. In the report, the treater states that the patient's low back pain radiates to right leg and right foot. Physical examination reveals a positive straight leg raise on the right along with decreased sensation. The treater requests for EMG/NCV to "rule out radiculopathy versus peripheral neuropathy." ACOEM guidelines also recommend electrodiagnostic studies to diagnose and differentiate neurologic dysfunction. The request IS medically necessary.