

Case Number:	CM15-0143973		
Date Assigned:	08/04/2015	Date of Injury:	05/20/2014
Decision Date:	09/22/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 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 48-year-old female patient who sustained an industrial injury on May 20, 2014. The patient underwent electronic diagnostic nerve conduction study which revealed: entrapment neuropathy of the media nerve at the left wrist with moderate to severe slowing of nerve conduction velocity; entrapment neuropathy of the median nerve at the right wrist with mild slowing of nerve conduction velocity. A recent magnetic resonance imaging study done on July 10, 2015 showed disc desiccation at L3-4 with an annular fissure and central posterior disc protrusion indenting the anterior aspect of the thecal sac; disc desiccation at L4-5 with an annular fissure and broad-based asymmetric posterior disc protrusion and disc desiccation at LO5-S1 with an annular fissure and central posterior disc protrusion making contact with the anterior aspect of the thecal sac. A MRI of the cervical spine done on July 07, 2015 reported finding: straightening of the normal lordotic curvature usually secondary to muscular spasm; mild to moderate narrowing of the right neural foramen at C3-4, and central posterior disc protrusion at C6-7 indenting the anterior aspect of the thecal sac. An earlier date MRI of March 16, 2015 showed the cervical spine with a midline disc protrusion resulting in some flattening of the thecal sac with a mild degree of central canal narrowing, and midline disc bulge at C4-5 and C5-6. An ultrasound of the bilateral elbows performed on March 25, 2015 revealed: left common extensor tendon origin edema, fibrosis, and micro tears; left ulnar neuritis, left normal distal biceps tendon, left normal triceps tendon, olecranon fossa and right elbow normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The patient presents with pain affecting the low back, bilateral knees, neck, and bilateral upper extremities. The current request is for Electromyography (EMG) of right lower extremity. The treating physician report dated 7/8/15 (4C) notes that the current request for an EMG/NCV is to rule out nerve root entrapment. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. The ODG guidelines state, "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." In this case, an examination on 4/29/15 (13C) documents a positive bilateral straight leg test at 20 degrees. Furthermore, an MRI performed on 7/10/15 (27B) shows disk protrusions at L3-L4, L4-L5, and L5-S1. The current request to rule out nerve root entrapment is medically necessary.

Nerve conduction velocity (NCV) of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back chapter, EMGs (electromyography); ODG online, Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the low back, bilateral knees, neck, and bilateral upper extremities. The current request is for Nerve conduction velocity (NCV) of right lower extremity. The treating physician report dated 7/8/15 (4C) notes that the current request for an EMG/NCV is to rule out nerve root entrapment. A report dated 4/29/15 (10C) states, "She experiences occasional weakness, numbness and tingling in her legs." The MTUS and ACOEM guidelines do not address NCV testing of the lower extremities. The ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, the patient presents with numbness and tingling in the bilateral legs and an NCV is necessary to rule out neuropathy. The current request is medically necessary.

NCV of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back chapter, EMGs (electromyography); ODG online, Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the low back, bilateral knees, neck, and bilateral upper extremities. The current request is for EMG of left lower extremity. The treating physician report dated 7/8/15 (4C) notes that the current request for an EMG/NCV is to rule out nerve root entrapment. A report dated 4/29/15 (10C) states, "She experiences occasional weakness, numbness and tingling in her legs." The MTUS and ACOEM guidelines do not address NCV testing of the lower extremities. The ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back " In this case, the patient presents with numbness and tingling in the bilateral legs and an NCV is necessary to rule in or out neuropathy. The current request is medically necessary.

EMG of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: The patient presents with pain affecting the low back, bilateral knees, neck, and bilateral upper extremities. The current request is for EMG of left lower extremity. The treating physician report dated 7/8/15 (4C) notes that the current request for an EMG/NCV is to rule out nerve root entrapment. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. The ODG guidelines state, "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." In this case, an examination on 4/29/15 (13C) documents a positive bilateral straight leg test at 20 degrees. Furthermore, an MRI performed on 7/10/15 (27B) shows disk protrusions at L3-L4, L4-L5, and L5-S1. The current request to rule out nerve root pain is medically necessary.