

Case Number:	CM15-0183901		
Date Assigned:	09/24/2015	Date of Injury:	04/21/2014
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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 with a date of injury on 04-21-2014. The injured worker is undergoing treatment for cervical radiculopathy, cervical spine sprain-strain, cephalgia, lumbar myositis, myalgia, lumbar radiculopathy, lumbar spine sprain-strain, concentration deficit, tinnitus, memory loss, visual disturbance, insomnia, anxiety and depression. Physician progress notes dated from 07-13-2015 to 08-11-2015 documents the injured worker has complaints of head, neck and low back pain. He has a dull and aching pain with associated headaches. Pain is rated 8 out of 10 on the Visual Analog Scale without medications. The neck pain is associated with radiating pain to the left. He has dull and aching neck pain. It radiates to the left ear with difficulty hearing. His low back pain is constant and a burning pain and he rate it as 9 out of 10 without medications and with meds it is rated 6 out of 10. He has associated radiating pan, numbness and tingling to both lower extremities-right greater than left. He complains of loss of sleep and anxiety. He has a guarded gait. He has tenderness and myospasm over the bilateral paralumbar muscles and tenderness is present in the sciatic notches. Trigger points with positive taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles are also present. Straight leg raise is positive bilaterally causing low back pain that radiates to the posterior thigh. Braggards test is also bilaterally positive. Lumbar range of motion is decreased and painful. Sensory examination is intact in the upper and lower extremities, including two joint discrimination, light touch and pain sensations. Treatment to date has included diagnostic services, medications, and physical therapy. Current medications include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and

topical medications. He is temporarily totally disabled. The Request for Authorization dated 07-13-2015 includes the medications Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic Acid 0.2% cream 240Gm, and Flurbiprofen 20%-Baclofen 5%-Dexamethasone 0.2%-Menthol 2%-Camphor 2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% cream 240 Gm. Also requested are chiropractic sessions, acupuncture treatments, request for a Solace Multi-Stim Unit, Electromyography and Nerve Conduction Velocity study of the bilateral lower extremities and lumbosacral paraspinal muscles, X rays of the cervical and lumbar spine and Magnetic Resonance Imaging of the cervical and lumbar spine. On 08-27-2015 the Utilization Review non-certified the requested treatment Electromyography/Nerve Conduction Velocity of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and 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 on the basis of 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 relevant working diagnoses are lower lumbar myositis, myalgia; lumbar radiculopathy; and lumbar spine sprain strain. The date of injury is April 21, 2014. Request for authorization is August 24, 2015. According to an initial pain management evaluation dated July 13, 2015, subjective complaints include ongoing low back pain/10 with radiation to the bilateral lower extremities. Objectively, there is tenderness and myospasm presents with decreased range of motion. Sensory and motor examination are normal. The neurologic evaluation is unremarkable. The treating provider is requesting chiropractic treatment, acupuncture, a multistate unit, x-rays and an MRI cervical and lumbar spine. There is no objective documentation of failed conservative treatment. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination, and no objective documentation of failed conservative treatment, bilateral lower extremity EMG/NCV studies are not medically necessary.