Case Number:	CM15-0187578		
Date Assigned:	09/29/2015	**Date of Injury:**	03/20/2013
Decision Date:	11/12/2015	**UR Denial Date:**	08/27/2015
Priority:	Standard	**Application Received:**	09/23/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old male patient who sustained an industrial injury 03-20-13. He sustained the injury from swinging a mallet at work. The diagnoses include headaches, cervical, thoracic, and lumbar radiculopathy; right shoulder tendinitis, right ulnar injury, right carpal tunnel syndrome, right knee sprain rule out internal derangement, bilateral plantar fasciitis, bilateral tarsal syndrome, and anxiety. Per the doctor's note dated 06-03-15, he had complains of headaches, neck pain, bilateral shoulder, wrist, and hand pain; upper, mid back, and low back pain; and bilateral knee, ankle, and foot pain. The pain was not rated. The physical examination revealed cervical spine- tenderness, spasm and decreased range of motion; bilateral shoulders- tenderness, spasm and decreased range of motion; bilateral elbows- tenderness over the medial and lateral epicondyle, positive Tinel's; bilateral wrist and hands- tenderness and positive Tinel's and Phalen's test; upper back- tenderness and spasm; lumbar spine- tenderness, spasm and decreased range of motion and positive straight leg raising test; tenderness over the bilateral knee and ankles. The medications list includes naproxen. He has had X-rays of the cervical spine, lumbar spine, thoracic spine, bilateral shoulders, bilateral elbows, right wrist and bilateral knees on 6/3/15; lumbar spine MRI in 2013. Prior diagnostic study reports were not specified in the records provided. He has had physical therapy visits for this injury. The treating provider recommends physical therapy, medications including Norflex, Anaprox, and Prilosec; consultation with a podiatrist, chiropractor, and psychiatrist, a MRI of the lumbar spine and bilateral shoulders, and small pain fibers nerve conduction study of the cervical and thoracic spines, upper and lower extremities, and cubital tunnel. Per the peer review dated 8/26/15,

patient was authorized for 8 physical therapy sessions. The original utilization review(08-27-15) non certified the request for nerve conduction and electrodiagnostic studies of the bilateral lower extremities and spine, as well as small pain fibers (SPF-NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the bilateral lower extremities and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index , 13th Edition, Low Back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: NCV/EMG of the bilateral lower extremities and lumbar spine. Per ACOEM guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the records provided he had headaches, neck pain, bilateral shoulder, wrist, and hand pain; upper, mid back, and low back pain; and bilateral knee, ankle, and foot pain. The physical examination revealed lumbar spine- tenderness, spasm and decreased range of motion and positive straight leg raising test; tenderness over the bilateral knee and ankles. He has had X-rays for cervical spine, lumbar spine, thoracic spine, bilateral shoulders, bilateral elbows, right wrist and bilateral knees on 6/3/15; lumbar spine MRI in 2013. Prior diagnostic study reports were not specified in the records provided. In addition, per the peer review dated 8/26/15, patient was authorized for 8 physical therapy sessions. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of NCV/EMG of the bilateral lower extremities and lumbar spine is not fully established for this patient at this time.

Small pain fibers (SPF-NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Nerve conduction studies (NCS).

Decision rationale: Small pain fibers (SPF-NCS). Per the cited guidelines, nerve conduction study is "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of 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. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve

conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." Per the records provided he had headaches, neck pain, bilateral shoulder, wrist, and hand pain; upper, mid back, and low back pain; and bilateral knee, ankle, and foot pain. The physical examination revealed lumbar spine- tenderness, spasm and decreased range of motion and positive straight leg raising test; tenderness over the bilateral knee and ankles. He has had X-rays for cervical spine, lumbar spine, thoracic spine, bilateral shoulders, bilateral elbows, right wrist and bilateral knees on 6/3/15; lumbar spine MRI in 2013. Prior diagnostic study reports were not specified in the records provided. In addition, per the peer review dated 8/26/15, the patient was authorized for 8 physical therapy sessions. Response to this conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Small pain fibers (SPF-NCS) is not fully established for this patient at this time.