

Case Number:	CM15-0192651		
Date Assigned:	10/06/2015	Date of Injury:	11/02/2012
Decision Date:	12/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 36 year old male who sustained an industrial injury on 11-2-12. The injured worker reported pain in the neck with radiation to the right side of the body. A review of the medical records indicates that the injured worker is undergoing treatments for cervicalgia, radiculitis, and lumbago. Medical records dated 8-21-15 indicate pain rated at 9 out of 10. The treating physician indicates the injured worker was with "severe stiffness in in AM. Severe headaches associated with neck pain." Provider documentation dated 8-21-15 noted the work status as returning to modified work 8-21-15. Treatment has included magnetic resonance imaging, Advil since at least April of 2015, Tylenol since at least April of 2015, chiropractic treatments, massage and acupuncture treatment. Objective findings dated 8-21-15 were notable for range of motion with guarding, pain, spasms and tenderness right greater than left, left upper extremity with decreased sensation, positive bilateral straight leg raise, decreased sensation to left lower extremity with decreased strength due to pain. The original utilization review (9-22-15) denied a request for EMG left lower extremity, NCV right lower extremity, NCV left lower extremity, and EMG right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Chapter & Lumbar & Thoracic (Acute & Chronic) EMGs (electromyography).

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 chapter, Nerve conduction studies (NCS).

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain, with a diagnosis of Lumbar spine radiculitis. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With radiculopathy already present and clinically obvious, the request for EMG left lower extremity is not medically necessary by MTUS.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Chapter & Lumbar & Thoracic (Acute & Chronic) EMGs (electromyography).

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 chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic radicular low back pain, with a diagnosis of Lumbar spine radiculitis. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With radiculopathy already present and clinically obvious, the request for NCV right lower extremity is not medically necessary by MTUS.

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Compensation, Low Back Chapter & Lumbar & Thoracic (Acute & Chronic) EMGs (electromyography).

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