

Case Number:	CM15-0197407		
Date Assigned:	10/12/2015	Date of Injury:	11/09/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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 55 year old male, who sustained an industrial injury on 11-09-2014. He has reported subsequent low back, bilateral shoulder, shoulder, arm and wrist pain and was diagnosed with lumbar spine herniated nucleus pulposus, left sciatica, bilateral shoulder, arm and wrist injury. Electrodiagnostic studies of the bilateral lower extremities on 3-26-2015 showed no electrodiagnostic evidence of lumbosacral radiculopathy or focal or generalized peripheral neuropathy in either extremity. Treatment to date has included pain medication, acupuncture, chiropractic therapy and physical therapy. In a progress note dated 05-28-2015, the injured worker reported 8 out of 10 bilateral shoulder and left leg pain with numbness and tingling and the physician's treatment plan included electromyography-nerve conduction studies (EMG-NCS) but there was no rationale for a repeat EMG-NCS. In a progress note dated 06-25-2015, the injured worker reported bilateral shoulder pain right greater than left and left leg pain rated as 8 out of 10 with numbness and tingling. Objective examination findings revealed positive impingement sign, tenderness to palpation with spasm of the supraspinatus, upper trapezius, and positive seated straight leg raise on the left and decreased sensation to light touch and pinwheel in the left S1 distribution. In a 07-31-2015 progress note, the injured worker reported frequent pain, soreness, stiffness and muscle spasms of the lumbar spine, bilateral shoulders and bilateral arms with occasional swelling and loss of strength and occasional numbness and tingling. The injured worker's condition was noted to have improved but slower than expected. Objective findings were notable for tenderness to palpation of the bilateral shoulders, low back and arms and muscle spasms and pain, increased range of motion and increased strength. Work status was documented as temporarily totally disabled. The physician's

treatment plan was continuing acupuncture. The most recent progress note does not mention EMG-NCS in the treatment plan. A request for authorization of retrospective: 1 electromyography and nerve conduction studies of the bilateral lower extremities (DOS 03-26-2015) were submitted. As per the 09-18-2015 utilization review, the request for retrospective: 1 electromyography and nerve conduction studies of the bilateral lower extremities (DOS 03-26-2015) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 1 Electromyography and Nerve conduction studies of the Bilateral lower extremities (DOS 3/26/2015): Upheld

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

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, (1) Electromyography and Nerve conduction studies of the Bilateral lower extremities (DOS 3/26/2015) is 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 working diagnosis is low back pain radiating down the left leg. The date of injury is November 9, 2014. Request for authorization is September 10, 2015 that references a March 26, 2015 date of service. According to a March 26, 2015 progress note, subjective complaints include low back pain with radiation to the left leg. Objectively, there is a neurologic evaluation that is entirely normal. There is normal motor function and normal sensory function. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective findings of radiculopathy on neurologic evaluation, (1) Electromyography and Nerve conduction studies of the Bilateral lower extremities (DOS 3/26/2015) is not medically necessary.