

Case Number:	CM15-0198350		
Date Assigned:	10/13/2015	Date of Injury:	08/14/2015
Decision Date:	12/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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

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:

The injured worker is a 29 year old male who sustained an industrial injury on 08-14-2015. According to a Doctor's First Report of Occupational Illness dated 08-10-2015, the injured worker reported moderate lower back pain, intermittent pain in the right leg, right shoulder, right arm, left forearm, right and left 5th digit. Eye irritation was also noted. Tenderness to palpation was noted over the lumbar spinal musculature, right and left 5th digits, right and left arm. Restricted range of motion was noted. Positive Kemp's and valgus varus was noted. The treatment plan included chiropractic care, exercise and acupuncture. The injured worker was temporarily totally disabled. According to a report dated 08-31-2015, the injured worker reported intermittent, moderate stabbing pain in the right shoulder with radiating pain to the forearm. He also reported intermittent, moderate stabbing pain in the left forearm. He reported intermittent moderate dull pain in the bilateral pinky fingers. He reported eye irritation. He suffered from stress and tension. There was moderate tenderness to palpation about both hands 5th digits. There was decreased range of motion of the bilateral 5th digits, extension and flexion. Examination of the lumbar spine revealed moderate to severe tenderness of the paraspinal muscles upon palpation. There was evidence of moderate paraspinal muscle spasm noted. Moderate hypertonicity of the lumbar spine was present. Range of motion of the lumbar spine was conducted painfully and was restricted. Kemp test was positive bilaterally. Straight leg-raising test was positive on the right at 40 degrees, positive on the left at 45 degrees. Bechterew test was positive bilaterally. Diagnoses included lumbar spine sprain strain, bilateral 5th digits hands sprain strain and bilateral arms pain. An authorization request dated 08-10-2015 was

submitted for review. The requested services included x-rays, MRI, electromyography and nerve conduction velocity studies, MD consult, functional capacity evaluation, chiropractic care and acupuncture. On 09-15-2015, Utilization Review non-certified the request for electromyography (EMG) of the right lower extremity and left lower extremity and Nerve Conduction Velocity (NCV) of the right lower extremity and left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Right Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG.

Decision rationale: This patient receives treatment for neck, shoulder, and low back pain from an industrial injury dated 08/14/2015. The injuries were related to repetitive strain. The medical records were limited to a hand written note whose legibility was fair. The patient has low back pain, right leg pain intermittently, right shoulder pain, right arm pain, left forearm pain and L fifth digit pain. The patient was treated with chiropractic, exercise and acupuncture. On exam there was tenderness to palpation of both 5th digits and there was a decrease in the ROM. The lumbar spine muscles were tender on palpation. Examination of the lumbar spine also revealed loss of ROM and pain while testing this. Straight leg raising was positive at 40 degrees bilaterally. The diagnoses include lumbar strain, fifth fingers sprain, and bilateral arm pain. This review addresses a request for an EMG of the right lower extremity. The documentation does not support the clinical diagnosis of a true lumbar radiculopathy; that is, there is no documentation of sensory, motor, and reflex deficits that support a diagnosis of radiculopathy. The documentation does not make clear what conservative therapy has been tried and failed. The ODG treatment guidelines make clear that the EMG may be medically necessary to establish a radiculopathy, but in this case there is no basis to recommend it. The request is not medically necessary.

Electromyography (EMG) of the Left Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG.

Decision rationale: This patient receives treatment for neck, shoulder, and low back pain from an industrial injury dated 08/14/2015. The injuries were related to repetitive strain. The medical records were limited to a hand written note whose legibility was fair. The patient has low back pain, right leg pain intermittently, right shoulder pain, right arm pain, left forearm pain and L fifth digit pain. The patient was treated with chiropractic, exercise and acupuncture.

On exam there was tenderness to palpation of both 5th digits and there was a decrease in the ROM. The lumbar spine muscles were tender on palpation. Examination of the lumbar spine also revealed loss of ROM and pain while testing this. Straight leg raising was positive at 40 degrees bilaterally. The diagnoses include lumbar strain, fifth fingers sprain, and bilateral arm pain. This review addresses a request for an EMG of the left lower extremity. The documentation does not support the clinical diagnosis of a true lumbar radiculopathy; that is, there is no documentation of sensory, motor, and reflex deficits that support a diagnosis of radiculopathy. The documentation does not make clear what conservative therapy has been tried and failed. The ODG treatment guidelines make clear that the EMG may be medically necessary to establish a radiculopathy, but in this case there is no basis to recommend it. The request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Online Version, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, electrodiagnostic testing.

Decision rationale: This patient receives treatment for neck, shoulder, and low back pain from an industrial injury dated 08/14/2015. The injuries were related to repetitive strain. The medical records were limited to a hand written note whose legibility was fair. The patient has low back pain, right leg pain intermittently, right shoulder pain, right arm pain, left forearm pain and L fifth digit pain. The patient was treated with chiropractic, exercise and acupuncture. On exam there was tenderness to palpation of both 5th digits and there was a decrease in the ROM. The lumbar spine muscles were tender on palpation. Examination of the lumbar spine also revealed loss of ROM and pain while testing this. Straight leg raising was positive at 40 degrees bilaterally. The diagnoses include lumbar strain, fifth fingers sprain, and bilateral arm pain. This review addresses a request for an NCV of the right lower extremity. The patient has low back strain, therefore there is no basis for recommending a nerve conduction study of the lower extremity as the results would not prove clinically useful, according to the treatment guidelines. The NCV can be clinically useful in managing cases of either peripheral neuropathy or nerve entrapment syndromes, neither of which this patient has. There are some cases of carpal tunnel syndrome, for example, where the NCV test results would be clinically useful. Based on the documentation, an NCV of the right lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Online Version, Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, electrodiagnostic testing.

Decision rationale: This patient receives treatment for neck, shoulder, and low back pain from an industrial injury dated 08/14/2015. The injuries were related to repetitive strain. The medical records were limited to a hand written note whose legibility was fair. The patient has low back pain, right leg pain intermittently, right shoulder pain, right arm pain, left forearm pain and L fifth digit pain. The patient was treated with chiropractic, exercise and acupuncture. On exam there was tenderness to palpation of both 5th digits and there was a decrease in the ROM. The lumbar spine muscles were tender on palpation. Examination of the lumbar spine also revealed loss of ROM and pain while testing this. Straight leg raising was positive at 40 degrees bilaterally. The diagnoses include lumbar strain, fifth fingers sprain, and bilateral arm pain. This review addresses a request for an NCV of the left lower extremity. The patient has low back strain, therefore there is no basis for recommending a nerve conduction study of the lower extremity as the results would not prove clinically useful, according to the treatment guidelines. The NCV can be clinically useful in managing cases of either peripheral neuropathy or nerve entrapment syndromes, neither of which this patient has. There are some cases of carpal tunnel syndrome, for example, where the NCV test results would be clinically useful. Based on the documentation, an NCV of the left lower extremity is not medically necessary.