

Case Number:	CM15-0199815		
Date Assigned:	10/15/2015	Date of Injury:	03/18/2015
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 57 year old male, who sustained an industrial injury on 3-18-2015. The medical records indicate that the injured worker is undergoing treatment for lumbar spine strain with degenerative disc disease; rule out lumbar radiculopathy. According to the progress report dated 7-7-2015, the injured worker presented with complaints of increased low back pain. On a subjective pain scale, he rates his pain 8-9 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal musculature, decreased range of motion, muscle guarding, and spasms. The current medications are not specified. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, lumbar brace, and physical therapy. Work status is described as temporarily totally disabled. The original utilization review (9-28-2015) had non-certified a request for EMG-NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand

(Acute & Chronic) - Electrodiagnostic studies; Nerve conduction studies (NCS); Electromyography (EMG).

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

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There are no neurological deficits documented. There is no motor deficit. MRI results is not consistent with radiculopathy. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.