

Case Number:	CM15-0201136		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female who sustained an industrial injury on 10-27-2014. An MRI of the lumbar spine performed on 03-10-2015 showed at L5-S1 a 2.4 mm broad based central disc protrusion (3.0 mm in flexion and extension) effaces the thecal sac and combined with facet hypertrophy narrows the neural foramina and lateral recesses resulting in encroachment of the exiting and transiting nerve roots, moderate discogenic spondylosis L5-S1, facet arthrosis moderate at L5-S1 mild at L4-L5, Schmorls node superior endplate L2 and no other significant abnormalities. According to the most recent progress report submitted for review and dated 09-14-2015, the injured worker reported constant "severe" throbbing neck pain, heaviness, numbness, tingling and cramping. She reported constant "severe" upper mid back pain, stiffness, heaviness, tingling and cramping with numbness, tingling, weakness and muscle spasms. Lumbar spine pain was described as constant "severe" sharp, stabbing low back pain, stiffness, heaviness, numbness, tingling, weakness, cramping, weakness and muscle spasms. Right shoulder pain was described as constant, "moderate", stabbing and throbbing with weakness and cramping noted. Objective findings of the lumbar spine included slow and guarded gait. Range of motion was decreased and painful. There was tenderness to palpation of the bilateral sacroiliac joint and lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Kemp's was positive bilaterally. Sitting straight leg raise was positive bilaterally. Lasegue's caused pain bilaterally. Diagnoses included cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain strain, thoracic disc protrusion, thoracic myospasms, thoracic sprain strain, lumbar degenerative disc

disease, lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain strain and right shoulder tenosynovitis. The treatment plan included EMG (electromyography) and NCV (nerve conduction velocity studies) of the bilateral upper and lower extremities, acupuncture and physical therapy. The injured worker was to remain off work. An authorization request dated 09-14-2015 was submitted for review. The requested services included NCV-EMG of the bilateral lower and upper extremities. On 09-23-2015, Utilization Review non-certified the request for EMG-NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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-Nerve conduction studies (NCS).

Decision rationale: EMG/NCV of the bilateral lower extremities is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The MTUS states that 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. The documentation does not reveal focal neurological dysfunction on physical examination and the ODG does not support NCS when the patient is presumed to have radiculopathy therefore this request is not medically necessary.