

Case Number:	CM15-0203328		
Date Assigned:	10/20/2015	Date of Injury:	03/02/2006
Decision Date:	12/31/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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 57 year old female, who sustained an industrial injury on 3-2-06. The injured worker is diagnosed with cervical and lumbar disc protrusion with radiculopathy, lumbar degenerative joint and disc disease, lumbar myalgia, lumbar myospasm and lumbar neuritis-radiculitis. Her work status is modified duty. Notes dated 8-11-15 and 9-8-15 reveals the injured worker presented with complaints of constant neck pain described as achy, spasmodic and shooting that radiates to her head, arms and hands and is associated with weakness, numbness and giving way. Her bilateral hand pain radiates to her arms and fingers and is described as spasmodic associated with numbness and tingling. She reports low back pain described as achy, throbbing, burning, spasmodic and shooting that radiates to her hips, legs and feet with bilateral leg pain and numbness and tingling and is associated with weakness, numbness, giving way, locking and tingling. She reports constant leg, knees and feet pain bilaterally that radiates to her hips, and is described as sharp, achy, throbbing, crampy and spasmodic and is associated with weakness, numbness, tingling, giving way, locking and swelling. Her pain is rated at 8-10 out of 10. She reports her ability to engage in activities of daily living are impacted due to the pain. The pain is increased with sneezing, coughing, bending, twisting, straining, standing, sitting, lifting, reaching and walking. Physical examinations dated 8-11-15 and 9-8-15 revealed tenderness to palpation at the cervical paraspinals, paravertebral region and upper trapezius muscles bilaterally. There is decreased range of motion due to pain and spasms. Sensation is decreased at C6 and C7 dermatomes. There is tenderness and guarding to palpation at the lumbar paraspinals-paravertebral region bilaterally and bilateral positive straight leg raise test.

Her lumbar spine range of motion is decreased due to pain and spasms. The heel-toe walk elicits pain. There is decreased sensation noted at the L4 dermatomes bilaterally, as well as light touch in both feet. Treatment to date has included medications, lumbar epidural steroid injections, acupuncture and, physical therapy provided relief, per note dated 8-11-15. Diagnostic studies include cervical spine x-rays, cervical and lumbar spine MRI and a nerve conduction study dated 12-20-2006 that revealed left L5 radiculopathy. A request for authorization dated 9-8-15 for EMG-NVC for the lower extremities is denied, per Utilization Review letter dated 9-22-15. The patient had outside EMG of the lower extremity on 9/1/11 that revealed L5 radiculopathy on right. The patient has had MRI of the lumbar spine on 5/23/15 that revealed disc protrusions, spinal canal and foraminal narrowing, and facet arthropathy. The medication list include Flovent, Ventolin, Robaxin, Norco and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for 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 rationale: Per ACOEM chapter 12 guidelines, 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. Per the ACOEM guidelines cited below, For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The patient had a nerve conduction study dated 12-20- 2006 that revealed left L5 radiculopathy. The patient had an EMG of the lower extremity on 9/1/11 that revealed L5 radiculopathy on right. Significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. A detailed response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. The medical necessity of the request for EMG/NCV for lower extremities is not fully established for this patient. Therefore is not medically necessary.