

Case Number:	CM15-0210307		
Date Assigned:	10/29/2015	Date of Injury:	06/15/2015
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 43-year-old female, who sustained an industrial injury on June 15, 2015, incurring low back, mid and upper back, and coccyx injuries. She was diagnosed with a lumbar sprain, cervical sprain, and thoracic sprain. Treatment included pain medications, injections, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor, chiropractic sessions, acupuncture, activity restrictions, and work modifications. Currently, the injured worker complained of cervical spine pain radiating to the shoulder aggravated with prolonged sitting. She complained of thoracic and lumbar spine pain rated 4 to 6 out of 10 on a pain scale from 0 to 10, aggravated by prolonged sitting, standing, and lying. She noted frequent coccyx pain radiating to the left leg. Anti-inflammatory drugs, muscle relaxants, and injections relieved her pain. She had difficulty climbing stairs, sleeping, walking, and sitting due to the chronic pain. She had painful range of motion, lumbar tenderness, muscle weakness, and muscle spasms. She noted increased pain and numbness of the lower extremities rated 6 out of 10. The treatment plan that was Request for Authorization included electromyography studies and nerve conduction velocity for the bilateral lower extremities. On October 6, 2015, was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMG/NCV.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography), ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines Aetna, Nerve Conduction Studies http://www.aetna.com/cpb/medical/data/500_599/0502.html.

Decision rationale: Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myeloCT and myelography. According to the ODG, EMGs may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Furthermore, per the ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Reviewing Aetna criteria, NCS are recommended for localization of focal neuropathies or compressive lesions and the injured worker has had a needle EMG study to evaluate the condition either concurrently or within the past year. Treating provider notes through October 23, 2015, state that the injured did continue to have radicular symptoms. Based on recent clinical information, there is no documentation to support obtaining an EMG/NCV of the lower extremities, since the radiculopathy is clinically obvious, and results from previous diagnostic studies were not available. Thus, the request for EMG/NCV for the bilateral lower extremities is not medically necessary and appropriate based on the cited guidelines when viewed in total.