MAXIMUS Federal Services

Case Number:	CM15-0223590		
Date Assigned:	11/19/2015	Date of Injury:	03/16/2015
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/13/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female with a date of injury of March 16, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis with radiculopathy. Medical records dated August 20, 2015 indicate that the injured worker complained of neck pain radiating to the right upper extremity rated at a level of 7 out of 10. A progress note dated September 21, 2015 documented complaints of similar to those reported on August 20, 2015. The physical exam dated August 20, 2015 reveals tenderness of the cervical paraspinal musculature and decreased range of motion of the cervical spine. The progress note dated September 21, 2015 documented a physical examination that showed inability to squat, decreased range of motion of the cervical spine, full range of motion of the lumbar spine, tenderness to palpation of the cervical spine, and paresthesias in the C5 and C6 dermatomes bilaterally. There were no treatments documented for the lumbar spine or lower extremities. The utilization review (October 13, 2015) non-certified a request for electromyogram-nerve conduction velocity studies 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 of bilateral lower extremities, per 09/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Low Back Complaints 2004, Section(s): Diagnositc Criteria, Special Studies.

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.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states; "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." It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. According to the ODG-TWC low back section, EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is no clear documentation of low back complaints or objective findings of lumbar neurologic dysfunction from the submitted. Therefore, the request of the electrodiagnostic studies of the lower extremities is not medically necessary.

NCV of bilateral lower extremities, per 09/21/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria, and Low Back Complaints 2004, Section(s): Diagnositc Criteria, 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.

Decision rationale: CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case the submitted records do not demonstrate any documentation of lower extremity neurologic symptoms Therefore there is no justification for NCS and the request is not medically necessary.