

Case Number:	CM15-0031666		
Date Assigned:	02/25/2015	Date of Injury:	09/11/2012
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 9/11/12. She has reported bilateral wrists and lower back injuries. The diagnoses have included lumbosacral intervertebral disc degeneration. Treatment to date has included medications, diagnostics, physical therapy and conservative measures. Currently, the injured worker complains of low back pain radiating to bilateral extremities and numbness. The pain is rated 4/10 on pain scale. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/7/12 revealed facet degeneration and annular bulge at multiple levels with small synovial cyst. There was gluteus medius tenderness bilaterally. Physical exam revealed lumbar and thoracic tenderness, range of motion decreased with pain, and straight leg test was positive bilaterally. The Faber test was positive in the low back bilaterally. There was reduced sensation at L4 -S1. She states that she has had pain and numbness both arms and legs. The pain is worse in the low back with weakness in the legs. She states that taking Vicodin daily for pain she is able to perform her activities of daily living (ADL's). There were no other current medications noted. There was past physical therapy sessions noted. Treatment was for x-rays of the lumbar spine, EMG/NCV of the bilateral lower extremities, lumbar epidural steroid injection and Magnetic Resonance Imaging (MRI) of the thoracic spine. On 2/10/15 Utilization Review modified a request for EMG/NCV of the bilateral lower extremities modified to certification of electromyography of bilateral lower extremities and non-certification of the NCV nerve conduction velocity study, noting (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

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 ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are physical examination findings supporting a possible diagnosis of radiculopathy, but no findings supporting a diagnosis of peripheral neuropathy or a peripheral nerve lesion. Guidelines do not support the use of NCS in patients presumed to have radiculopathy, and there is no provision to modify the current request. As such, the currently requested EMG/NCV of the lower extremities is not medically necessary.