

Case Number:	CM15-0032082		
Date Assigned:	03/02/2015	Date of Injury:	10/02/2013
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old female who sustained an industrial injury on 10/02/13. She reports back, neck, and left hand pain. Diagnoses include lumbar radiculopathy, cervical strain pattern, and left wrist tendonitis. Treatments to date include medication. There are no records from the requesting provider in the submitted documentation. In a progress note dated 01/03/15, the treating provider recommends a cervical x-ray, Toradol, Norco, and Naprosyn. On 02/12/15, Utilization review non-certified an EMG/NCV of the bilateral lower extremities, citing ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Nerve Conduction Velocity (NCV).

Decision rationale: The patient presents with pain in the lower back, which radiates into the lower extremities. The current request is for Nerve Conduction Velocity (NCV) of the right lower extremity. The report with this request was not provided for review. The reviewing physician states, "IW states that low back pain is worse with pain into the left leg. IW states that the low back pain radiates into the left lower extremity as far as the left foot and affects her ability to participate in normal activities." (6A) The ODG guidelines state, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, the treating physician has documented worsening pain, which radiates into the lower extremities and needs to rule out radiculopathy. The current request is medically necessary and the recommendation is for authorization.

Electromyograph (EMG) of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter EMGs.

Decision rationale: The patient presents with pain in the lower back, which radiates into the lower extremities. The current request is for Electromyograph (EMG) of the left lower extremity. The report with this request was not provided for review. The reviewing physician states, "IW states that low back pain is worse with pain into the left leg. IW states that the low back pain radiates into the left lower extremity as far as the left foot and affects her ability to participate in normal activities." (6A) The ODG guidelines state, "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 case, the treating physician has documented worsening pain, which radiates into the lower extremities and needs to rule out radiculopathy. The patient has tried physical therapy and medications but the pain is persistent and worsening. The current request is medically necessary and the recommendation is for authorization.

Nerve Conduction Velocity (NCV) of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Nerve Conduction Velocity (NCV).

Decision rationale: The patient presents with pain in the lower back, which radiates into the lower extremities. The current request is for Nerve Conduction Velocity (NCV) of the left lower extremity. The report with this request was not provided for review. The reviewing physician states, "IW states that low back pain is worse with pain into the left leg. IW states that the low back pain radiates into the left lower extremity as far as the left foot and affects her ability to participate in normal activities." (6A) The ODG guidelines state, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, the treating physician has documented worsening pain, which radiates into the lower extremities and needs to rule out radiculopathy. The current request is medically necessary and the recommendation is for authorization.

Electromyograph (EMG) of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter EMGs.

Decision rationale: The patient presents with pain in the lower back, which radiates into the lower extremities. The current request is for Electromyograph (EMG) of the right lower extremity. The report with this request was not provided for review. The reviewing physician states, "IW states that low back pain is worse with pain into the left leg. IW states that the low back pain radiates into the left lower extremity as far as the left foot and affects her ability to participate in normal activities." (6A) The ODG guidelines state, "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 case, the treating physician has documented worsening pain, which radiates into the lower extremities and needs to rule out radiculopathy. The patient has tried physical therapy and medications but the pain is persistent and worsening. The current request is medically necessary and the recommendation is for authorization.