

Case Number:	CM15-0043738		
Date Assigned:	03/13/2015	Date of Injury:	07/18/2005
Decision Date:	05/04/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female who sustained an industrial injury on July 18, 2005. The injured worker was diagnosed with right sacroiliac (SI) joint dysfunction, cervical facet arthropathy, cervical and lumbar radiculitis, cervical, thoracic and lumbar myofascial strain, bilateral carpal tunnel syndrome, lumbago and cervicalgia. There were no surgical interventions documented. The latest diagnostic studies were X-rays of the cervical, thoracic and lumbar spine performed on September 2, 2014. According to the most recent primary treating physician's progress report on December 16, 2014, the injured worker continues to experience an aching, soreness and popping in the neck, pain in the midline back, numbness in both hands and stabbing low back pain that radiates down the back of her right leg that worsens with lifting toes or walking for long periods of time. The injured worker was administered 4 trigger point injections in the left trapezius at the office visit. Acupuncture therapy and 24 sessions of physical therapy provided temporary relief in the past. Current medications consist of Cyclobenzaprine, Tramadol, Nabumetone, Anaprox and topical analgesics. The primary treating physician is requesting Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities to assess neuropathic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography.

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal subjective complaints of radiculopathy but no objective lumbar physical exam findings of focal neurological deficits. She had nerve conduction studies done in 2011, however it is not clear if EMG was included and the results of the studies are not included in the medical records that are available to me, there is also no rationale for why a request for " EMG of the right lower extremity x 2" is being made and without this information medical necessity cannot be established.

EMG of the left lower extremity x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography.

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal subjective complaints of radiculopathy but no objective lumbar physical exam findings of focal

neurological deficits. She had nerve conduction studies done in 2011, however it is not clear if EMG was included and the results of the studies are not included in the medical records that are available to me, there is also no rationale for why "EMG of the right lower extremity x 2" is being requested and without this information medical necessity cannot be established.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Low Back - Lumbar & Thoracic (Acute & Chronic) / Nerve Conduction Studies(NCS).

Decision rationale: The MTUS /ACOEM did not specifically address the use of NCV, therefore other guidelines were consulted. Per the ODG, NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal that the injured worker had nerve conduction studies done in 2011, however the results of the studies are not included in the medical records that are available to me and without this information medical necessity cannot be established.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Low Back - Lumbar & Thoracic (Acute & Chronic) / Nerve Conduction Studies(NCS).

Decision rationale: The MTUS /ACOEM did not specifically address the use of NCVs therefore other guidelines were consulted. Per the ODG, NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records that are available to me reveal that the injured worker had nerve conduction studies done in 2011, however the results of the studies are not included in the medical records that are available to me and without this information medical necessity cannot be established.