

Case Number:	CM15-0059388		
Date Assigned:	04/03/2015	Date of Injury:	10/07/2004
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal 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 79 year old male, who sustained an industrial injury on 10/7/14. He reported initial complaints of left groin pain. The injured worker was diagnosed as having cervical spine degenerative disc disease; post traumatic osteoarthritis bilateral shoulders; fractured navicular [scaphoid] bone of wrist; other synovitis and tenosynovitis hand/ left ankle/foot; calcaneal spur bilateral feet; thoracic spine pain; spondylosis; lumbar spine degenerative disc disease; lumbar spine radiculopathy; lumbar facet syndrome; bilateral knee effusion; bilateral meniscus derangements, lateral meniscus. Treatment to date has included multiple diagnostics and surgeries; MRI lumbar spine (1/19/15). Currently, the PR-2 notes dated 2/12/15, the injured worker has multiple complains including pain and radiculopathy in the cervical and lumbar spine, mid back pain, upper and lower extremity pain complaints. The pain was described as constant, sharp, stabbing in nature as well as dull and achy. He is a status post inguinal and abdominal hernia repairs with residual pain that is aggravated by coughing, sneezing. He is a status post right knee arthroscopy with residual pain but also complains of left knee pain. The injured worker also complains of bilateral ankle pain and swelling, more severe on the right side. He notes stress, anxiety, insomnia and depression brought on by the chronic pain, physical limitations. He also has uncontrolled high blood pressure. These notes document that symptoms persist but medications do offer temporary relief. The treatment plan includes chiropractic therapy, orthopedic consult for bilateral knees; internal medicine for hypertension; psychologist consultation for multiple issues; heel inserts, sleep study regarding insomnia; and

an EMG/NCV of bilateral lower extremities to evaluate radiculopathy verses peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The primary treating physician's progress report dated 2/12/15 documented subjective complaints of low back pain associated with numbness and tingling of bilateral lower extremities. Physical examination demonstrated lumbar tenderness and bilateral positive straight leg raise. Diagnoses included lumbar spine pain and lumbar spine radiculopathy. The primary treating physician's progress report dated 4/7/15 documented that EMG and NCV studies were performed on September 19, 2014. EMG electromyography and NCV nerve conduction velocity studies of the bilateral lower extremities dated September 19, 2014 revealed chronic bilateral L5 nerve root irritation. The primary treating physician's progress report dated 2/12/15 documented a request for EMG and NCV studies. The EMG and NCV studies performed recently on 9/19/14 were not referenced. No rationale was documented for repeat EMG / NCV studies. Per ACOEM, EMG for clinically obvious radiculopathy is not recommended. The primary treating physician's progress report dated 2/12/15 documented clinically obvious radiculopathy. Therefore, ACOME guidelines do not support the request for EMG electromyography. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. MTUS, ACOEM, and ODG guidelines do not support the request for EMG electromyography and NCV nerve conduction velocity studies of bilateral lower extremities. Therefore, the request for EMG / NCV studies of bilateral lower extremities is not medically necessary.