

Case Number:	CM15-0062105		
Date Assigned:	04/08/2015	Date of Injury:	02/19/2008
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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

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 40 year old male, who sustained an industrial injury on 02/19/2008. He has reported subsequent back, ankle and knee pain and was diagnosed with chronic pain, lumbar radiculitis and radiculopathy, bilateral ankle and left knee pain, osteoarthritis of the left knee and complex regional pain syndrome of the right lower extremity. Treatment to date has included oral pain medication, sympathetic blocks, spinal cord stimulator and surgery. In a progress note dated 03/05/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. Objective findings were notable for spasm and tenderness in the bilateral T8-T12 paraspinal muscles of the thoracic spine, myofascial trigger points with twitch response in the low-mid back bilaterally and in the upper mid back bilaterally, spasm of the bilateral lumbar paraspinal musculature, tenderness to palpation in the paravertebral area of L2-S1, decreased range of motion and decreased sensitivity to touch of the L5-S1 dermatome in the bilateral lower extremities. The physician noted that a request for electromyography and nerve conduction studies of the lower extremities are being requested to further evaluate the source to the neurological symptoms in the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: 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), Back, EMG's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309 to clarify nerve root dysfunction.

Decision rationale: Per Guidelines, NCS 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. Additionally, guidelines states Electrodiagnostic studies to include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). However, the patient already had previous diagnostic of the lumbar spine along with clinical neurological deficits consistent with lumbar radiculopathy to support for the previously performed injections, negating any medical necessity for diagnostic EMG. The EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities is not medically necessary and appropriate.