

Case Number:	CM15-0067130		
Date Assigned:	04/14/2015	Date of Injury:	11/18/2010
Decision Date:	08/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 50 year old male who sustained an industrial injury on 11/18/10. The mechanism of injury was unclear. He currently complains of pain in the bilateral shoulders, arms, elbows, wrists, lumbar spine, pelvis, legs feet, and ankles with a pain level of 6/10. He also has headaches and dizziness. On physical exam of the cervical spine there was tenderness of bilateral cervical paraspinal. Diagnoses include status post right shoulder diagnostic arthroscopy (8/26/11); cervical intervertebral disc displacement without myelopathy; lumbar intervertebral disc displacement without myelopathy; brachial neuritis or radiculitis; neuritis/radiculitis thoracic/lumbosacral; shoulder tendinitis; adhesive capsulitis-shoulder; gastroesophageal reflux disease. Diagnostics include MRI of lumbar spine (1/15/15) showing annular tear, mild bilateral facet disease. No central or foraminal stenosis was seen. No neurological changes have been found in the lower extremities as gait, sensation, reflexes and strength is intact. In the progress note dated 1/14/14 the treating provider's plan of care includes requests for electromyography/ nerve conduction studies of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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/Electrodiagnostic studies.

Decision rationale: Guidelines do not support the use of EMG studies for the low back unless there are neurological changes not well described by other diagnostics and/or the studies may be beneficial for procedural planning. Neither of these circumstances apply. The clinical exam and MRI studies are not supportive of EMG studies of the EMG (electromyography) of the left lower extremity. This testing is not supported by MTUS or ODG Guidelines under these circumstances. The EMG (electromyography) of the left lower extremity is not medically necessary.

NCV (nerve conduction velocity) of the right lower extremity: Upheld

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

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/Electrodiagnostic studies.

Decision rationale: Guidelines generally do not support the use of nerve conduction (NCV) studies for the low back. Under limited circumstances EMG studies may be indicated, but there are few medical indications for nerve conduction studies. The clinical exam and MRI studies are not supportive of EMG or nerve conduction studies of the right lower extremity. The NCV testing is not supported by MTUS or ODG Guidelines under these circumstances, the NCV (nerve conduction velocity) of the right lower extremity is not medically necessary.

NCV (nerve conduction velocity) of the left lower extremity: Upheld

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

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/Electrodiagnostic studies.

Decision rationale: Guidelines generally do not support the use of nerve conduction (NCV) studies for the low back. Under limited circumstances EMG studies may be indicated, but there are few medical indications for nerve conduction studies. The clinical exam and MRI studies are not supportive of EMG or nerve conduction studies of the left lower extremity. The NCV

testing is not supported by MTUS or ODG Guidelines under these circumstances, the NCV (nerve conduction velocity) of the left lower extremity is not medically necessary.

EMG (electromyography) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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/Electrodiagnostic studies.

Decision rationale: Guidelines do not support the use of EMG studies for the low back unless there are neurological changes not well described by other diagnostics and/or the studies may be beneficial for procedural planning. Neither of these circumstances apply. The clinical exam and MRI studies are not supportive of EMG studies of the EMG (electromyography) of the right lower extremity. This testing is not supported by MTUS or ODG Guidelines under these circumstances. The EMG (electromyography) of the right lower extremity is not medically necessary.