MAXIMUS Federal Services

Case Number:	CM15-0237606		
Date Assigned:	12/14/2015	Date of Injury:	05/28/2014
Decision Date:	01/20/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/04/2015

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 41-year-old male who sustained an industrial injury on 05/28/2014. Medical records indicated the worker was treated for right shoulder pain and low back pain. He is status post arthroscopic surgery to the right shoulder (01-16-2015). In the provider notes of 10-15-2015, the injured worker complains of intermittent aching and burning pain in the right shoulder that radiates into the right upper arm. He also has intermittent sharp pain in the right wrist. The worker complains of left low back pain with intermittent left posterior thigh pain and radiation of the left low back pain to the left buttock. Prolonged sitting increases pain. Pain also disturbs his sleep. On exam, the has slightly limited range of motion in the lumbar spine with extension 20 degrees, flexion 40 degrees, left lateral bending 20 degrees, and right lateral bending 20 degrees. There is tenderness to palpation of the bilateral sacroiliac joints, and L5-S1 spinous processes. Lasegue's is positive bilaterally. His medications included Naproxen, Prilosec, Terocin patches and Flurbi cream. A nerve conduction study of the bilateral peroneal nerves (09-03-2015) showed no electromyogram evidence of lower motor neuron muscle disease and the impression was that it was a normal electromyogram of both lower extremities and lumbar paraspinous muscles. A request for authorization was submitted for Electromyography (EMG) and/or nerve conduction velocity test (NCV) of the bilateral lower extremities. A utilization review decision 11-25-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and/or nerve conduction velocity test (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter Electromyography (EMG) and Nerve Conduction Study (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The injured worker has complaints consistent with radiculopathy, and MRI findings that support the cause of symptoms. Additionally, he had an EMG of the bilateral lower extremity in September 2015 that was normal. The requesting physician does not provide explanation of why EMG/NCV would be necessary for this injured worker, who already has identified pathology. The request for Electromyography (EMG) and/or nerve conduction velocity test (NCV) of the bilateral lower extremities is determined to not be medically necessary.