

Case Number:	CM14-0129041		
Date Assigned:	08/18/2014	Date of Injury:	01/20/2014
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported a date of injury of 01/21/2014. The mechanism of injury was indicated as a crush injury. The injured worker had diagnoses of bilateral rib fractures, probable disc herniation of the lumbar spine, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, and internal derangement of the bilateral shoulders. Prior treatments included medications. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of left neck pain with feelings of heaviness, headaches, dizziness, neck pain traveling from her head down into both shoulders with numbness and tingling of both hands, chronic low back pain radiating into both legs with numbness and tingling, and pain the shoulder and ribs. The clinical note dated 06/10/2014 noted the injured worker had tenderness to palpation over the left ribs, and entire right side lower ribs. Medications included tramadol. The treatment plan included tramadol, and the physician's recommendation for an MRI of the lumbar spine, consultation with a psychiatrist, consultation with a pulmonologist, an EMG/NCV of both lower extremities to rule out radiculopathy, and for the injured worker to return in 3 to 4 weeks. The rationale provided was for the electrodiagnostic study with an EMG/NCV of both lower extremities to rule out radiculopathy. The request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyography 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, Low Back (updated 07/03/2014) - EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG (electromyography) of the right lower extremity is not medically necessary. The injured worker had complaints of left neck pain with feelings of heaviness, headaches, dizziness, neck pain traveling from her head down into both shoulders with numbness and tingling of both hands, chronic low back pain radiating into both legs with numbness and tingling, and pain the shoulder and ribs. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positives, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCVs 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/NCVs. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patient who have not responded to treatment and who would consider surgery an option. However, there is a lack of documentation of objective findings the injured worker has radiculopathy or the injured worker has not responded to conservative treatments to include physical therapy. Furthermore, the clinical note dated 06/10/2014 noted the injured worker had tenderness to palpation over the left ribs, and entire right side lower ribs which does not support the request for an EMG/NCV. As such, the request is not medically necessary.

(EMG) Electromyography 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, Low Back (updated 07/03/2014) - EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG (electromyography) of the left lower extremity is not medically necessary. The injured worker had complaints of left neck pain with feelings of heaviness, headaches, dizziness, neck pain traveling from her head down into both shoulders with numbness and tingling of both hands, chronic low back pain radiating into both legs with numbness and tingling, and pain the shoulder and ribs. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positives, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCVs 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/NCVs. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patient who have not responded to treatment and who would consider surgery an option. However, there is a lack of documentation of objective findings the injured worker has radiculopathy or the injured worker has not responded to conservative treatments to include physical therapy. Furthermore, the clinical note dated 06/10/2014 noted the injured worker had tenderness to palpation over the left ribs, and entire right side lower ribs which does not support the request for an EMG/NCV. As such, the request is not medically necessary.

(NCS) Nerve Conduction Study 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, Low Back (updated 07/03/2014) -Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for (NCS) nerve conduction study right lower extremity is not medically necessary. The injured worker had complaints of left neck pain with feelings of heaviness, headaches, dizziness, neck pain traveling from her head down into both shoulders

with numbness and tingling of both hands, chronic low back pain radiating into both legs with numbness and tingling, and pain the shoulder and ribs. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positives, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patient who have not responded to treatment and who would consider surgery an option. However, there is a lack of documentation of objective findings the injured worker has radiculopathy or the injured worker has not responded to conservative treatments to include physical therapy. Furthermore, the clinical note dated 06/10/2014 noted the injured worker had tenderness to palpation over the left ribs, and entire right side lower ribs which does not support the request for an EMG/NCV. As such, the request is not medically necessary.

(NCS) Nerve Conduction Study 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, Low Back (updated 07/03/2014) -Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for (NCS) nerve conduction study left lower extremity is not medically necessary The injured worker had complaints of left neck pain with feelings of heaviness, headaches, dizziness, neck pain traveling from her head down into both shoulders with numbness and tingling of both hands, chronic low back pain radiating into both legs with numbness and tingling, and pain the shoulder and ribs. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positives, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Electromyography including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in

patient who have not responded to treatment and who would consider surgery an option. However, there is a lack of documentation of objective findings the injured worker has radiculopathy or the injured worker has not responded to conservative treatments to include physical therapy. Furthermore, the clinical note dated 06/10/2014 noted the injured worker had tenderness to palpation over the left ribs, and entire right side lower ribs which does not support the request for an EMG/NCV. As such, the request is not medically necessary.