

Case Number:	CM14-0146719		
Date Assigned:	09/12/2014	Date of Injury:	01/28/2014
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 37-year-old male with an injury date of 01/28/2014. Based on the 08/12/2014 progress report, the patient complains of lower back pain which he rates as a 4/10. Pain is more on the left and occurs with flexion. The patient also has an antalgic gait. The 03/25/2014 MRI of the lumbar spine reveals the following: Decreased lordosis; Disk desiccation, L4-L5, L5-S1. Decreased disk height, L4-L5, L5-S1; Bulge, 3 mm L4-L5, 2 to 3 mm L5-S1; Facet arthrosis, mild, L4-L5, L5-S1; NFN, L4-L5, and mild to moderate left, mild right. The 04/22/2014 x-ray of the lumbar spine revealed the following; Severe decreased lordosis; and L5-S1 facet arthrosis; Mild decreased height, L4-L5, L5-S1. The 07/15/2014 progress report also indicates that the patient has radiating pain to the left knee. The patient's diagnoses include the following: Lumbar spine SS; Lumbar spine DH; Lumbar spine DDD/DJD; Left lower extremity radiculitis. The Utilization Review determination being challenged is dated 08/13/2014. Treatment reports were provided from 01/28/2014 - 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 534. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Compensation 2nd Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: Based on the 08/12/2014 progress report, the patient complains of having lower back pain which he rates as a 4/10. The 07/15/2014 report also indicates that the patient has pain radiating to his left knee. The request is for an EMG of the bilateral upper extremities. There is no indication if the patient has previously had an EMG/NCV. For EMG, ACOEM Guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but maybe normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not indicate any symptoms in the upper extremities. The patient only complains of lower back pain which radiates to the knee. An EMG is not indicated and there is no suspicion of radiculopathy or CTS. The treating physician does not discuss why the study is being asked for. Therefore, the request for EMG Bilateral Upper Extremity is not medically necessary and appropriate.

Nerve Conduction Velocity Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 534. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Compensation 2nd Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: Based on the 08/12/2014 progress report, the patient complains of having lower back pain. The 07/15/2014 report also states that the patient has pain radiating to his left knee. The request is for a nerve conduction velocity of the bilateral upper extremities. There is no indication if there were any previous NCVs conducted. For NCV, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies, or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but maybe normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not indicate any symptoms in the upper extremities. The patient has only reported lower back pain which radiates to the knee and there is no suspicion of radiculopathy or CTS. The treating physician does not explain why this study is being asked for either.