

Case Number:	CM14-0140072		
Date Assigned:	09/10/2014	Date of Injury:	12/12/2013
Decision Date:	05/01/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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 42 year old male who sustained an industrial injury on December 12, 2013. He has reported neck pain and lower back pain and has been diagnosed with cervical sprain/strain, left upper extremity radiculopathy, lumbar sprain/strain, and lower extremity radiculopathy. Comorbid conditions include obesity (BMI 31.7). Treatment has included medical imaging, medications, and physical therapy. At the last exam (10 Sep 2014) the injured worker reported continued neck and low back pain. Exam showed tenderness and spasticity to the paracervical and paralumbar muscles, decreased cervical and lumbar range of motion and decreased sensation in C5-6 dermatomes and L4-S1 dermatomes. The treatment request includes NCV/EMG of the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-4, 309.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for its use is very specific. The NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient's low back problem is complicated by having two qualified providers disagreeing on the cause of the patient's symptoms. One provider diagnosed low back strain while another diagnosed lumbar radiculopathy. The symptoms have also been present for over 6 months. The request for NCV electrodiagnostic testing should eliminate this disparity. Without the NCV test this differentiation may not be apparent. Medical necessity for this procedure has been established and therefore, is medically necessary.

EMG Lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. Criteria for its use is very specific. The EMG test will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient's low back problem is complicated by having two qualified providers disagreeing on the cause of the patient's symptoms. One provider diagnosed low back strain while another diagnosed lumbar radiculopathy. The request for EMG electrodiagnostic tests should eliminate this disparity. Without the EMG test this differentiation may not be apparent. Additionally, the patient has had these symptoms for a prolonged period of time. Given the above information, medical necessity for this procedure has been established and therefore, is medically necessary.

