

Case Number:	CM14-0203463		
Date Assigned:	12/16/2014	Date of Injury:	01/25/2008
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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, 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 53 year old male with date of injury 01/25/08. The treating physician report dated 11/14/14 (38) indicates that the patient presents with pain affecting his right shoulder, bilateral arms, low back, and right leg. The physical examination findings reveal Right Hands (healed incision scars to the volar wrist on inspection, nontender to palpation, no thenar atrophy, no triggering, negative Finkelstein's), Wrist (Flexion 60, extension 60, radial deviation 20, ulnar deviation 30, negative Tinel's), Musc/Back (normal inspection, no thoracic or lumbar spine or paraspinal tenderness, no spasm, flexes to touch below knees), Neuro (bilateral patellar reflex 2+ symmetric, bilateral Achilles reflex 1+ symmetric), and Musc/Leg (crouches to knee level, no calf atrophy, normal gait). The current diagnoses are: 1. Carpal tunnel syndrome 2. Cubital Tunnel/Compression, ulnar nerve 3. Degenerative joint disease/Osteoarthritis. The utilization review report dated 11/26/14 denied the request for EMG/NCS bilateral lower extremities based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Upheld

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

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) Lumbar Chapter, Electrodiagnostic studies section.

Decision rationale: The patient presents with right shoulder, bilateral arms, low back, and right leg pain. The current request is for EMG right lower extremity. The treating physician indicates, "The patient was previously permanent and stationary and is now seen under future medical for maintenance care to knees and low back." The ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. ODG goes on to discuss nerve conduction studies as not recommended for lower back pain alone. In reviewing the documentation provided, the medical records provided have not documented that the current request is intended to rule out radiculopathy as required by the guidelines. The request is not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 & 309.

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) Lumbar Chapter, Electrodiagnostic studies section.

Decision rationale: The patient presents with right shoulder, bilateral arms, low back, and right leg pain. The current request is for EMG left lower extremity. The treating physician indicates, "The patient was previously permanent and stationary and is now seen under future medical for maintenance care to knees and low back." The ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. ODG goes on to discuss nerve conduction studies as not recommended for lower back pain alone. In reviewing the documentation provided, the treating physician has not documented that the current request is intended to rule out radiculopathy as required by the guidelines. The request is not medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 & 309.

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) Lumbar Chapter, Electrodiagnostic studies section/NCS section.

Decision rationale: The patient presents with right shoulder, bilateral arms, low back, and right leg pain. The current request is for NCS bilateral lower extremities. The treating physician indicates, "The patient was previously permanent and stationary and is now seen under future medical for maintenance care to knees and low back." The MTUS guidelines do not address nerve conduction studies. The ODG, Online Low Back chapter: Nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, the treating physician has not documented that there are examination findings indicating that the patient is suffering with a radiculopathy and there is no discussion regarding the medical necessity to rule out peripheral neuropathy. The request is not medically necessary.