

Case Number:	CM14-0210554		
Date Assigned:	12/23/2014	Date of Injury:	08/08/2013
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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: Internal 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 patient is an injured worker with lumbar back complaints. The patient sustained injuries on August 8, 2013. The patient states that on August 8, 2013 during the course of her employment she was assisting a person when she suddenly felt a pull in her neck, and pain in her shoulders, back, upper and lower extremities. Medical history included anxiety, Cervical spine sprain, strain, Thoracic spine sprain, strain, Lumbar spine sprain, strain, bilateral shoulder sprain, strain, and right upper extremity sprain, strain. X-ray of the lumbar spine report dated July 28, 2014 documented that no significant bony abnormalities were identified in the lumbar spine. The primary treating physician's report dated July 17, 2014 documented a physical examination. Examination of the lumbar spine revealed positive tenderness with muscle spasms over the paraspinal muscles, bilaterally. Lumbar spine range of motion was flexion 50/100%, extension 80/100%, lateral bending 85/100%, rotation 85/100%. Patient has normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect or swelling about the lumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis. Examination of the patient's lower extremities showed the patient to have positive tenderness to palpation over the lower bilateral leg. Neurological examination noted that the patient's mental status was alert, cooperative, normal speech and behavior, with intact cranial nerves. Electromyography (EMG) and nerve conduction velocity (NCV) somatosensory evoked potential of the lower extremities were performed on the date of service 8/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for EMG/NCV, somatosensory evoked potential lower, medical records review, report and transcription for date of service 8/25/14.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,308-309. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. <http://www.guideline.gov/content.aspx?id=38438> Official

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints state that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. ACOEM 3rd Edition states that electrodiagnostic studies, which include needle EMG, are recommended where a CT computed tomography or MRI magnetic resonance imaging is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. The primary treating physician's report dated July 17, 2014 documented a physical examination of the lumbar spine. Lumbar spine range of motion was 100% with respect to flexion, extension, lateral bending, and rotation. Patient had normal gait and was ambulating with no assistive device. There was no deformity, defect or swelling about the lumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis. Neurological examination noted that the patient's mental status was alert, cooperative, normal speech and behavior, with intact cranial nerves. No neurologic deficits of the lumbosacral spine or lower extremities were noted. X-ray of the lumbar spine report dated July 28, 2014 documented that no significant bony abnormalities were identified in the lumbar spine. The medical records do not provide objective evidence that support the request for electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities. Official Disability Guidelines (ODG) indicates that nerve conduction studies (NCS) are not recommended. The request for electromyography (EMG) and nerve conduction velocity (NCV) is not supported by MTUS and ACOEM guidelines. Therefore, the request for EMG/NCV, somatosensory evoked potential lower, medical records review, report and transcription for date of service 8/25/14 is not medically necessary.