

Case Number:	CM14-0213446		
Date Assigned:	12/30/2014	Date of Injury:	09/01/1989
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabn

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 female with the injury date of 09/01/89. One report provided by the treater contains little information regarding the patient's pain, treatment history, medications, etc. Per 10/01/14 progress report, the patient has pain in her back, wrists and hands. MRI of the lumbar shows spinal stenosis. MRI of the neck shows facet changes at C2-T2. EMG from 2012 shows L5 radiculopathy. NCV shows carpal tunnel syndrome bilaterally. The patient had surgical release in 1991 and 1992 for both of her wrists and hands. MRI of the shoulder shows complete tear of right rotator cuff and partial tear of left rotator cuff. Straight leg raising is positive. The patient can't use her shulder. She can't reach at above shoulder level. She can't do pushing, pulling or lifting. The patient is not doing any chores around the house due to increased pain. The lists of diagnoses are: 1) Discogenic lumbar condition with radicular component down the lower extremities. 2) Carpal tunnel syndrome bilaterally s/p surgery. 3) Chronic pain syndrome." The patient will get prescription for Vicodin, Lyrica, Lidoderm patches, Trazodone, Naproxen and Prilosec." The utilization review determination being challenged is dated on 11/21/14. One treatment report was provided on 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (electromyography/nerve conduction velocity) bilateral lower extremities:

Upheld

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

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) Low Back chapter: Nerve conduction studies Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS).

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The patient is EMG/NCV of bilateral lower extremities. The 10/01/14 progress report indicates that the patient had a previous EMG in 2012 which demonstrated L5 radiculopathy and NCV showed carpal tunnel syndrome bilaterally. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies 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 patient already had a set of EMG/NCV studies of the lower/upper extremities. The treater does not explain why another set of studies are needed. There is no new injury and no significant progression of neurologic findings, and no new symptoms. Repeat study does not appear indicated. The request is not medically necessary.