

Case Number:	CM15-0016056		
Date Assigned:	02/04/2015	Date of Injury:	07/02/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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 & Rehabilitation

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 43 year old male who sustained an industrial injury on 7/2/14. The injured worker reported symptoms in the back, right hip and groin. The diagnoses included lower back strain and right hip/inguinal pain. Treatments to date include oral anti-inflammatory medications, dry heat application, activity modification, chiropractic treatments. In a progress note dated 12/22/14 the treating provider reports the injured worker was with pain rated at "3/10" and the injured worker stated "he is able to walk around easier with less pain noted in his groin region.".On 1/6/15 Utilization Review non-certified the request for Nerve Conduction Velocity of the left lower extremity and Electromyography of the left lower extremity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Nerve conduction studies Low back chapter, EMG studies

Decision rationale: The patient presents with chronic right groin and hip pain, rated 2-7/10. The request is for NCV OF THE LEFT LOWER EXTREMITY. Physical examination on 01/06/15 to the right groin revealed tenderness to palpation over the right inguinal region over the inferior rectus abdominis with referred pain into the groin. Patient's treatments have included medication, physical therapy, chiropractic treatments and a TENS unit. Per 12/19/14 progress report, patient's diagnosis include lumbar radiculitis, right shoulder pain and lumbar sprain and strain. Patient's medications per 01/06/15 progress report include Norco and Neurontin. Per 11/21/14 progress report, patient is not currently working. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under 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 (Electromyography) which are recommended as an option for low back." Treater has not provided a reason for the request. The patient continues with right groin and hip pain, and there is no documentation that patient has had prior EMG/NCV studies. Per 12/19/14 progress report, patient is diagnosed with lumbar radiculitis. However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS NOT medically necessary.

EMG of the left 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

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

Decision rationale: The patient presents with back, right hip and groin pain. The request is for EMG OF THE LEFT LOWER EXTREMITY. Per 12/19/14 progress report, patient's diagnosis include lumbar radiculitis, right shoulder pain and lumbar sprain and strain. Physical examination on 01/06/15 to the right groin revealed tenderness to palpation over the right inguinal region over the inferior rectus abdominis with referred pain into the groin. Patient's treatments have included medication, physical therapy, chiropractic treatments and a TENS unit. Patient's medications per 01/06/15 progress report include Norco and Neurontin. Per 11/21/14 progress report, patient is not currently working. For EMG, ACOEM Guidelines page 303 states "Electromyography including H-reflex tests may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." The patient continues with low back pain, and there is no documentation that patient has had prior EMG/NCV studies. ACOEM supports this testing for patients presenting with low back pain. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

