

Case Number:	CM15-0017641		
Date Assigned:	02/05/2015	Date of Injury:	10/16/2007
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii
 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 67 year old female who sustained an industrial fall injury on October 16, 2007. The patient underwent arthroscopy of the right shoulder in 2010. A magnetic resonance imaging (MRI) performed in February 2012 noted diffuse disc bulge with annular tear at L4-5 and L5-S1 with minimally flattened ventral thecal sac without degenerative central canal stenosis. The injured worker was diagnosed with tenosynovitis of the hand and wrist, right carpal tunnel syndrome, lumbar and cervical sprain with radicular symptoms. According to the primary treating physician's progress report on December 19, 2014 the injured worker continues to experience right shoulder, elbow, and wrist and hand pain along with intermittent neck stiffness bilaterally and low back pain. Range of motion was restricted due to pain with spasms and tenderness about the paracervical and trapezius muscle. Positive Tinel's and Phalen's signs were documented and bilateral grip strength noted weakness. Lumbar spine examination noted tenderness to palpation with muscle spasms, weakened calf and toe muscles, positive left straight leg raise, and decreased sensation in the L5-S1 dermatomes. Current medications are listed as Lidoderm Patches, Cyclobenzaprine and Omeprazole. No current treatment modalities were documented. The treating physician requested authorization for Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities. On January 2, 2015 the Utilization Review denied certification for Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, EMGs, NCS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter EMGs

Decision rationale: The patient presents with lower back pain which radiates into the right leg causing numbness. The current request is for EMG and NCV of the lower extremities. The treating physician states, "I would also like to request authorization for the patient to undergo a NCV/EMG exam of the lower extremities to assess her neurological complaints. Lumbar spine sprain/strain with radicular complaints." (20B) The ODG guidelines state, "The ODG Guidelines states, EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, and peripheral neuropathy." In this case, the treating physician has documented that the patient is having radicular complaints but has not been able to diagnose radiculopathy. An EMG/NCV study would help rule out or diagnose radiculopathy. The current request is medically necessary and the recommendation is for authorization.