

Case Number:	CM15-0111023		
Date Assigned:	06/17/2015	Date of Injury:	10/01/2010
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 33-year-old male who sustained an industrial injury on 10/01/10. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck, right shoulder and lower back pain with radiculopathy. Current diagnoses include cervical and lumbar intervertebral disc displacement, cervical and lumbar radiculopathy, and impingement of the right shoulder. In a progress note dated 05/14/15 the treating provider reports the plan of care as acupuncture and electrodiagnostic and nerve conduction studies of the upper and lower extremities and MRIs of the cervical and lumbar spine as well as the right shoulder. The requested treatments include electrodiagnostic and nerve conduction studies of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, EMGs (electromyography); ODG online, Low Back, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the neck, right shoulder and low back with radiation into the right lower extremity. The current request is for Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities. The treating physician report dated 5/14/15 (20B) states, "At this time, Injured Worker's clinical presentation is consistent with discogenic injury to the cervical and lumbar spine as well as the right shoulder. Therefore, I am requesting authorization for the following: 2) EMG/NCV studies of both upper and lower extremities to ascertain the source of the right upper and lower extremity radicular symptoms". ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks". Repeat studies are not addressed. The ODG guidelines state, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious". In this case, the patient has already been diagnosed with L5 radiculopathy. Furthermore, there is no evidence in the documents provided, of an abnormal sensory exam, or complaints of numbness or tingling, or a request for differentiation of radiculopathy vs. a peripheral neuropathy, that would warrant an NCV of the lower extremities. The current request does not satisfy the ACOEM or ODG guidelines. The current request is not medically necessary.