

Case Number:	CM15-0113328		
Date Assigned:	06/19/2015	Date of Injury:	05/08/2015
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 58 year old female, who sustained an industrial injury on 5/08/2015. She reported being hit in the head with several doors resulting in headaches, dizziness, nausea/vomiting, memory loss, neck pain, and tingling and pain throughout upper extremities, upper back and bilateral lower extremities. Diagnoses include cervical strain, rule out disc herniation, headaches, lumbosacral radiculitis, thoracic strain, and lumbar strain. Treatments to date were not documented in the medical records submitted for this review. Currently, she complained of headaches, dizziness, nausea/vomiting, memory loss and pain in the neck and low back along with numbness and pain in all extremities. On 5/13/15, the physical examination documented decreased cervical and lumbar range of motion. There was muscle guarding and multiple positive orthopedic tests documented. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electrodiagnostic studies and Nerve conduction studies.

Decision rationale: The MTUS ACOEM guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODG guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are 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. The ODG guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy and, as such, nerve conduction studies are not indicated. In this case the injured worker has radicular complaints with a diagnosis of lumbosacral radiculopathy. She is presumed to have symptoms on the basis of radiculopathy. As such nerve conduction velocities are not recommended. The Utilization Review on 5/27/15 did not certify the request. If there is a need to verify the radiculopathy the EMGs might be appropriate. The request for electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities however, is not supported by the MTUS and ODG guidelines and is not medically necessary.