

Case Number:	CM15-0119980		
Date Assigned:	06/30/2015	Date of Injury:	01/05/2014
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 63 year old male, who sustained an industrial injury on January 5, 2014, incurring trauma to the right hand, bilateral upper extremities, lower back and legs. He was diagnosed with cervical radiculopathy, lumbago, and thoracic/lumbosacral neuritis, hand contusion, and tarsal tunnel syndrome. Treatment included hot packs, muscle stimulation, ultrasound, physical therapy, chiropractic sessions, pain medications, anti-inflammatory drugs, topical analgesic patches, topical analgesic creams, knee bracing and modified work restrictions. Currently, the injured worker complained of muscle spasms, and persistent pain in the shoulder and upper extremities with decreased and altered sensation in the hands and upper extremities. The pain interfered with the injured worker activities of daily living. The treatment plan that was requested for authorization included Electromyography/Nerve Conduction Velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are other unspecified back disorder; anxiety states; cervical radiculopathy; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; contusion hand; derangement of meniscus not elsewhere classified; tarsal tunnel syndrome; plantar fascial fibromatosis; and toxic effect other substances. Date of injury is January 5, 2014. According to a progress note dated April 1, 2015 (request for authorization is dated April 29, 2015), subjective complaints are upper mid and low back pain that radiates to the lower extremity. The injured worker complains of altered sensation in the lower extremities and feet. Objectively, there is tenderness palpation at the mid and lower back. There is no neurologic evaluation. There is no objective evidence of radiculopathy. Lumbar spine radiographs are pending. An MRI of the lumbar spine was presently pending. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation with objective evidence of radiculopathy in the lower extremities, pending MRI lumbar spine and guidelines non-recommendations (minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy), bilateral lower extremity EMG/NCV studies are not medically necessary.