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| Case Number: | CM15-0119994 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 01/15/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/26/2015 |
| 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

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 (IW) is a 54-year-old male who sustained an industrial injury on 01/15/2014. He reported feeling a "pop" while putting up a display that required repetitive lifting and bending. The injured worker was diagnosed as having lumbar spine strain with degenerative disc disease and findings consistent with lumbar radiculopathy; prior 1989 compression fracture L1-L2-L3 non-industrial, and complaints of depression, anxiety and sleep difficulty. Treatment to date has included medications, testing, and physical therapy. A lumbar MRI of 02/2014 showed L4-5 disk protrusion and stenosis. Currently, the injured worker complains of low back pain rated 8/10 that is described as burning and stabbing and radiating to the lower extremities with pain in both legs and numbness and tingling. On exam, there is muscle spasm along the lower lumbar spine and paraspinal muscle tenderness on palpation with decreased range of motion. Medications include Norco, and Flexaril. The treatment plan included continuation of medications, use of a cane for ambulation, and a pending consultation with an internist for high blood pressure. 1. EMG right upper extremity, 2. NCV right upper extremity, 3. EMG left upper extremity, 4. NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with low back pain that radiates down to lower extremities with numbness and tingling rated 8/10. Patient also complains of pain in both legs with numbness and tingling. The request is for EMG right upper extremity. The request for authorization is dated 03/23/15. The patient is status post L4-L5, L5-S1 posterior lumbar laminectomy, 03/03/15. Physical examination reveals there is muscle spasm along the lower lumbar spine. There is paraspinal musculature tenderness to palpation. Decreased range of motion. Patient is to continue using a cane. Patient's medications include Norco and Flexeril. Per progress report dated 05/05/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, there is no evidence that the patient has had prior right UPPER extremity EMG study done. The patient continues with low back pain radiating to LOWER extremities with pain in both legs. In this case, the patient's symptoms are in the LOWER extremities. In addition, treater does not discuss or document any UPPER extremity symptoms, physical examination findings or diagnosis. Therefore, the request is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with low back pain that radiates down to lower extremities with numbness and tingling rated 8/10. Patient also complains of pain in both legs with numbness and tingling. The request is for NCV right upper extremity. The request for authorization is dated 03/23/15. The patient is status post L4-L5, L5-S1 posterior lumbar laminectomy, 03/03/15. Physical examination reveals there is muscle spasm along the lower lumbar spine. There is paraspinal musculature tenderness to palpation. Decreased range of motion. Patient is to continue using a cane. Patient's medications include Norco and Flexeril. Per progress report dated 05/05/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases,

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EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with low back pain that radiates down to lower extremities with numbness and tingling rated 8/10. Patient also complains of pain in both legs with numbness and tingling. The request is for EMG left upper extremity. The request for authorization is dated 03/23/15. The patient is status post L4-L5, L5-S1 posterior lumbar laminectomy, 03/03/15. Physical examination reveals there is muscle spasm along the lower lumbar spine. There is paraspinal musculature tenderness to palpation. Decreased range of motion. Patient is to continue using a cane. Patient's medications include Norco and Flexeril. Per progress report dated 05/05/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, there is no evidence that the patient has had prior left UPPER extremity EMG study done. The patient continues with low back pain radiating to LOWER extremities with pain in both legs. In this case, the patient's symptoms are in the LOWER extremities. In addition, treater does not discuss or document any UPPER extremity symptoms, physical examination findings or diagnosis. Therefore, the request is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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