

Case Number:	CM15-0173626		
Date Assigned:	09/15/2015	Date of Injury:	12/01/2004
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 50 year old male who sustained an industrial injury on 12-1-04. The injured worker was diagnosed as having postlaminectomy syndrome lumbar region; depressive disorder; failed back surgery syndrome; bilateral lumbar radiculitis; bilateral meraglia paresthetica; neck pain; cervical degenerative disc disease; cervical spondylosis; chronic right C5-C6 radiculopathy; right shoulder pain; labral tear right shoulder; right rotator cuff syndrome; right lateral epicondylitis; bilateral carpal tunnel syndrome. Comorbid conditions include obesity (BMI 35.1). Treatment to date has included surgery (status post laminectomy L4-L5 and L5-S1 on 2-9-08; status post bilateral carpal tunnel releases, one in 2009 and one in 2011); physical therapy; and medications. Diagnostics studies included an EMG-NCV study of the upper extremities on 4-10-07; cervical spine CT dated 6-28-10; lumbar MRI (2005); right elbow MRI done on 1-19-11; right shoulder MRI (no date). There is no documentation of a recent lumbar MRI. A PR-2 note, dated 7-21-15, was a neurology consultation. The injured worker complained of constant throbbing lower back pain, achiness, cramping, numbness, tingling, and burning sensations. Pain was noted to radiate to the left thigh and feet with numbness and burning. He also had tingling in the groin, testicular area, and anus area. The note also reported that a spine surgeon who recommended cervical and lumbar fusion recently evaluated the injured worker but the injured worker chose not to persue surgery at that time. On exam there was no lower extremity weakness or clear sensory deficit. Reflexes were symmetrical and somewhat brisk. There was no clonus. EMG testing was performed at that visit and was entirely normal. The most current PR-2, dated 8-6-15, reported continued 4/10 pain in lower back, bilateral hips,

bilateral knees, bilateral ankles, bilateral shoulders and bilateral elbows. The pain worsened with activities and changing positions. There was also numbness in his feet/heels. Lower back exam revealed right low lumbar paraspinal muscle tenderness and decreased light touch over left L4 and L5 dermatomes. Motor and reflex exams of lower extremities were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro EMG/NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: Electromyography (EMG) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient does not appear to have symptoms of lumbar radiculopathy nor equivocal physical signs of nerve entrapment or nerve dysfunction. Medical necessity for this procedure has not been established. The request is not medically necessary.

Retro EMG/NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for its use is very specific. The NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it

can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient does not appear to have symptoms of lumbar radiculopathy nor equivocal physical signs of nerve entrapment or nerve dysfunction. Medical necessity for this procedure has not been established. The request is not medically necessary.