

Case Number:	CM15-0025320		
Date Assigned:	02/17/2015	Date of Injury:	08/06/2014
Decision Date:	08/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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 is a 49 year old female, who sustained an industrial injury on 8/6/14. She reported neck and low back pain. The injured worker was diagnosed as having mechanical back pain and lumbar radiculitis. Treatment to date has included physical therapy, an injection, and medication. A MRI of the lumbar spine revealed mild disc protrusion at L5-S1 without neural compromise. Physical examination findings on 1/8/15 included neurologically intact lower extremities and tenderness to palpation over the lumbosacral junction. Currently, the injured worker complains of low back pain radiating to bilateral lower extremities. The treating physician requested authorization for electromyograms and nerve conduction velocity for right and left lower extremities. The treating physician noted that due to radiculitis in the lower extremities electromyograms were needed to rule out peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with pain in the neck, low back and left shoulder. The request is for EMG RIGHT LOWER EXTREMITY. Physical examination to the cervical spine on 06/02/15 revealed tenderness to palpation over the paraspinous region. Examination to the left shoulder revealed tenderness to palpation over the greater tuberosity and trapezius. There was pain with Hawkins' and Neer's maneuvers to the anterior shoulder. Lumbar spine examination revealed tenderness to palpation over the paraspinous region. Patient's treatments include chiropractic care and image studies. Per 04/21/15 progress report, patient's diagnosis includes tendinitis and impingement syndrome, left shoulder, and chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. Patient's medication, per 06/02/15 progress report includes Robaxin. Patient's work status is modified duties. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In progress report dated 06/02/15, under treatment plan, treater states, "if the electro diagnostic studies do not reveal any radiculopathy, she may not be a candidate for surgery." Review of the medical records provided does not indicate a prior electromyograph (EMG) of the lower extremities. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request IS medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCV).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Nerve conduction studies.

Decision rationale: The patient presents with pain in the neck, low back and left shoulder. The request is for NCV RIGHT LOWER EXTREMITY. Physical examination to the cervical spine on 06/02/15 revealed tenderness to palpation over the paraspinous region. Examination to the left shoulder revealed tenderness to palpation over the greater tuberosity and trapezius. There was pain with Hawkins' and Neer's maneuvers to the anterior shoulder. Lumbar spine examination revealed tenderness to palpation over the paraspinous region. Patient's treatments include chiropractic care and image studies. Per 04/21/15 progress report, patient's diagnosis includes tendinitis and impingement syndrome, left shoulder, and chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. Patient's medication, per 06/02/15 progress report includes Robaxin. Patient's work status is modified duties. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of Radiculopathy. ODG for Electro diagnostic studies (EDS) states (NCS) which are not recommended for low back conditions and

EMGs (Electromyography) which are recommended as an option for low back. Treater has not discussed this request. The patient continues with low back pain and there is no documentation of a prior NCV studies. Per 04/21/15 progress report, patient is diagnosed with chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. However, there is no documentation of radiating peripheral symptoms. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS NOT medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies (NCV).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Nerve conduction studies.

Decision rationale: The patient presents with pain in the neck, low back and left shoulder. The request is for NCV LEFT LOWER EXTREMITY. Physical examination to the cervical spine on 06/02/15 revealed tenderness to palpation over the paraspinous region. Examination to the left shoulder revealed tenderness to palpation over the greater tuberosity and trapezius. There was pain with Hawkins' and Neer's maneuvers to the anterior shoulder. Lumbar spine examination revealed tenderness to palpation over the paraspinous region. Patient's treatments include chiropractic care and image studies. Per 04/21/15 progress report, patient's diagnosis includes tendinitis and impingement syndrome, left shoulder, and chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. Patient's medication, per 06/02/15 progress report includes Robaxin. Patient's work status is modified duties. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of Radiculopathy. ODG for Electro diagnostic studies (EDS) states, (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. Treater has not discussed this request. The patient continues with low back pain and there is no documentation of a prior NCV studies. Per 04/21/15 progress report, patient is diagnosed with chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. However, there is no documentation of radiating peripheral symptoms. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS NOT medically necessary.

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back
Complaints Page(s): 303.

Decision rationale: The patient presents with pain in the neck, low back and left shoulder. The request is for EMG LEFT LOWER EXTREMITY. Physical examination to the cervical spine on 06/02/15 revealed tenderness to palpation over the paraspinous region. Examination to the left shoulder revealed tenderness to palpation over the greater tuberosity and trapezius. There was pain with Hawkins' and Neer's maneuvers to the anterior shoulder. Lumbar spine examination revealed tenderness to palpation over the paraspinous region. Patient's treatments include chiropractic care and image studies. Per 04/21/15 progress report, patient's diagnosis includes tendinitis and impingement syndrome, left shoulder, and chronic myoligamentous lumbar spine stain/sprain with multilevel lumbar spondylosis. Patient's medication, per 06/02/15 progress report includes Robaxin. Patient's work status is modified duties. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In progress report dated 06/02/15, under treatment plan, treater states, "if the electro diagnostic studies do not reveal any Radiculopathy, she may not be a candidate for surgery." Review of the medical records provided does not indicate a prior electromyograph (EMG) of the lower extremities. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request IS medically necessary.