

Case Number:	CM15-0046101		
Date Assigned:	03/18/2015	Date of Injury:	12/02/2014
Decision Date:	05/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, Michigan

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 was a 68 year old male, who sustained an industrial injury, December 2, 2014. The injured worker suffered a left lower leg and low back injury, while trying to prevent a tray from falling. The injured worker previously received the following treatments lumbar spine x-rays, lumbar MRI, 6 sessions of physical therapy, cervical spine x-rays and physical therapy. The injured worker was diagnosed with possible lumbar radiculopathy, acute pain of the lumbar spine with numbness and acute pain of the cervical spine probable degenerative disc disease. According to progress note of February 3, 2015, the injured workers chief complaint was continuous neck pain without radiation. The injured worker had numbness and tingling in the hands and fingers on occasion worse in the evening time. The injured worker was having increased pain with turning the neck. The injured worker had lower back pain with radiation of pain into the left leg, the pain extended into the left foot. The pain was increased by prolonged standing, walking, and sitting activities. The physical exam noted moderate left-sided tenderness. Neurological exam of the lower extremities was intact. The straight leg test was negative. There was slight posterior cervical tenderness. There was full range of motion to the cervical neck. Sensory examination was intact to pinprick testing and light touch. The treatment plan included EMG/NCV (electromyography/nerve conduction velocity studies) of the right and left lower extremities on February 3, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS 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. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG left lower extremity 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, Low Back Nerve Conduction Studies (NCS).

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS 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. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for NCV left lower extremity is not 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, Low Back Nerve Conduction Studies (NCS).

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS 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. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for NCV right lower extremity is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS 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. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG right lower extremity is not medically necessary.