

Case Number:	CM15-0068777		
Date Assigned:	04/16/2015	Date of Injury:	07/08/2012
Decision Date:	05/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/10/2015

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, Pain Management

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 55-year-old female who sustained an industrial injury on 07/08/2012. Diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic neck pain and chronic thoracic spine pain. Treatment to date has included medications, chiropractic treatment, epidural steroid injections, TENS unit, lumbar support and physical therapy. Diagnostics included electrodiagnostic testing, CT scan and MRIs. According to the Interventional Pain Management Consultation dated 3/4/15, the IW reported pain in the left ear and jaw, with throbbing pain in the neck. In the mid back, her pain is stabbing and burning with intermittent spasms; she described similar pain in the low back associated with numbness and tingling in the ankles and toes. A request was made for EMG/NCV 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 Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient is noted to have prior electrodiagnostic studies and there is no clear rationale for repeating these studies. Furthermore, there is no clear rationale for performance of the NCV component when the patient's complaints are presumed to be radicular in origin. In the absence of clarity regarding these issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.