

Case Number:	CM15-0069955		
Date Assigned:	04/17/2015	Date of Injury:	08/28/2014
Decision Date:	05/18/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 25-year-old female who sustained an industrial injury on 08/28/2014. Current diagnosis includes lumbar radiculopathy. Previous treatments included medication management, TENS unit, physical therapy, and home exercises. Previous diagnostic studies included x-rays and MRI of the lumbar spine. Report dated 02/18/2015 noted that the injured worker presented with complaints that included pain in the low back, poor sleep, and decreased activity level. Pain level was rated as 6 out of 10 with medications and 9 out of 10 without medications on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included recommendation for psych consult and possible cognitive behavioral therapy, NCS/EMG is pending authorization, request for chiropractic care is pending, awaiting MRI results, trial of Nucynta, and return for follow-up in 4 weeks. Disputed treatments include muscle test one limb.

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.

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 Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is lumbar radiculopathy. Documentation from a February 18, 2015 progress note does not contain subjective complaints of radicular pain involving either the right or left lower extremity. The subjective complaint section contains a VAS pain scale of 6/10 and pain without medications as 9/10. Objectively, the neurologic evaluation was unremarkable. There is a positive straight leg raising on the right. Documentation does not appear to contain clinical evidence of radiculopathy subjectively or objectively. An MRI dated December 24, 2014 of the lumbar spine showed minimal degenerative facet changes at L4 - L5 and L5 - S1 level with no central canal or foraminal impingement. Consequently, absent clinical documentation of bilateral radicular symptoms and objective findings, bilateral lower extremity EMG/NCV studies are not medically necessary.