

Case Number:	CM15-0075844		
Date Assigned:	04/27/2015	Date of Injury:	02/01/2006
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 2/01/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc displacement and herniated nucleus pulposus, lumbar degenerative disc disease, lumbago, and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging of the right knee on 2/14/2015, magnetic resonance imaging of the lumbar spine on 7/30/2014, shockwave treatments, and medications. Currently, the injured worker complains of burning radicular low back pain and muscle spasms, rated 7-8/10. Her pain was constant and radiated into her bilateral lower extremities, greater in the right hip and leg, and was accompanied by numbness and tingling. Medications were documented as providing temporary relief, although current medication regime was not noted. She was noted to have status post right knee arthroscopy with residual pain. Motor strength was 3/5 in all muscle groups in the right lower extremity and sensation was decreased at the L4, L5, and S1 dermatomes bilaterally, greater on the right. The treatment plan included electromyogram and nerve conduction studies to the bilateral lower extremities. Progress notes supported a recommendation for electromyogram and nerve conduction studies since at least 9/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Velocity for the bilateral lower extremities: 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, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: EMG(Electromyelography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. It is not recommended for obvious cases of radiculopathy. The provided physical exam and imaging is consistent with obvious radiculopathy. It is unclear what additional information can be gained from EMG, why it is needed or how it will change current treatment. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.