

Case Number:	CM15-0097652		
Date Assigned:	05/28/2015	Date of Injury:	04/01/2004
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 51 year old male, who sustained an industrial injury on 04/01/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having discogenic lumbar condition with disc disease and extrusion at lumbar four to five, discogenic cervical condition with disc disease with herniation at cervical five to six and cervical six to seven, internal derangement of the left knee, trigger fracture of the left heel, depression, impingement syndrome of the right shoulder, and a 50 pound weight gain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the left knee, magnetic resonance imaging of the right shoulder, medication regimen, use of a cane, use of a knee brace, use of a back brace, and an electromyogram. In a progress note dated 04/17/2015 the treating physician reports complaints of a surge of pain to the low back with increasing radiating pain to the bilateral lower extremities. Examination reveals a positive anterior drawer along the knee and tenderness at the rotator cuff. Prior electromyogram from 04/2012 was revealing for neuropathy. The treating physician requested an electromyogram with a nerve conduction velocity of the bilateral lower extremities noting that the injured worker is requesting an electromyogram due to a surge of pain to the low back with increasing radiating pain to the bilateral lower extremities that has caused the injured worker to have an increase in his limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/nerve conduction velocity of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines: Nerve Conduction Velocity Testing.

Decision rationale: The request for diagnostic test EMG/NCV; bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. There were no findings of any neurological deficits on exam. Medical necessity for the requested studies was not established. The requested studies are not medically necessary.