

Case Number:	CM14-0032689		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2013
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 01/04/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 04/01/2014 indicated diagnoses of status post lumbar laminectomy L3-4, lumbar discogenic disease with radiculopathy and chronic low back pain. The injured worker reported low back pain and left lower extremity radicular pain. He reported pain in the low back, groin and left leg. The injured worker reported his neck was also painful and he rated his pain 8/10. On physical examination of the lumbar spine, the injured worker had a positive straight leg raise bilaterally. The injured worker had motor weakness 3/5, positive antalgic gait, and developed foot drop on the left leg with severe sciatica. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco and Soma. The provider submitted a request for EMG of the right and left upper extremities and lower extremities and NCV of the right and left upper and lower extremities. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Right Upper Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for EMG of Right Upper Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is lack of objective clinical findings and neurological deficiencies to support and EMG of the right upper extremity. In addition, the provider did not indicate a rationale for the request. Therefore, the request for an EMG of the right upper extremity is not medically necessary.

EMG of Left Upper Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for EMG of Left Upper Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is lack of objective clinical findings and neurological deficiencies to support and EMG of the right upper extremity. In addition, the provider did not indicate a rationale for the request. Therefore, the request for an EMG of the left upper extremity is not medically necessary.

EMG of Right Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for EMG of Right Lower Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex

tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The injured worker had a positive straight leg raise bilaterally, foot drop, severe sciatica, and pain in the low back that radiated to the groin and left leg. Per clinical evidence, radiculopathy is clinically obvious. Therefore, the request for an EMG of the right lower extremity is not medically necessary.

EMG of Left Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for EMG of Left Lower Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines recommend the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The injured worker had a positive straight leg raise bilaterally, foot drop, severe sciatica, and pain in the low back that radiated to the groin and left leg. Per clinical evidence, radiculopathy is clinically obvious. Therefore, the request for an EMG of the left lower extremity is not medically necessary.

NCV of Right Upper Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC, Nerve Conduction Velocities (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for NCV of Right Upper Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of objective clinical findings or neurological deficiencies to support an NCV of the right upper extremity. Therefore, the request for an NCV of the right upper extremity is not medically necessary.

NCV of Right Lower Extremity QTY: 1.00: 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, Nerve conduction studies (NCS).

Decision rationale: The request for NCV of Right Lower Extremity QTY: 1.00 is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of objective clinical findings. In addition, there was a lack of neurological deficiencies. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a NCV. Therefore, the request for an NCV of the right lower extremity is not medically necessary.

NCV of Left Upper Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC, Nerve Conduction Velocities (NCV).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for NCV of Left Upper Extremity QTY: 1.00 is not medically necessary. The California MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of objective clinical findings or neurological deficiencies to support an NCV of the right upper extremity. Therefore, the request for an NCV of the left upper extremity is not medically necessary.

NCV of Left Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, Nerve conduction studies (NCS).

Decision rationale: The request for NCV of Left Lower Extremity QTY: 1.00 is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of objective clinical

findings. In addition, there was a lack of neurological deficiencies. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a NCV. Therefore, the request for an NCV of the left lower extremity is not medically necessary.