

Case Number:	CM13-0000716		
Date Assigned:	03/03/2014	Date of Injury:	03/04/2013
Decision Date:	04/11/2014	UR Denial Date:	05/15/2013
Priority:	Standard	Application Received:	06/17/2013

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 3/4/13. A utilization review determination dated 5/15/13 recommends modification of the request from bilateral EMG/NCV (electromyogram/nerve conduction velocity exam) to right-sided EMG only. 5/6/13 medical report identifies low back pain with left leg pain, numbness, and weakness despite "excellent" conservative care. MRI was said to demonstrate the presence of a foraminal left L3-4 disc extrusion. Treatment has included physical therapy, medications, and activity modification. On exam, there is pain to palpation with limited range of motion. Left quadriceps, EHL (extensor hallucis longus), and anterior tibialis strength is 4/5. Sensation is diminished in the left L3, L4, and L5 distributions. The straight leg raise test is positive on the left causing pain radiating into the left calf. Positive femoral stretch test on the left causes pain radiating into the left thigh. MRI from 4/2/13 is said to demonstrate the presence of left L3-4 foraminal disc extrusion causing severe impingement of the exiting nerve root left L3 and also displacing the traversing nerve root left L4. Mild disc bulges noted at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF 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 Page(s): 303, 309.

Decision rationale: Regarding the request for electromyography of the bilateral lower extremities, it is noted that the previous utilization review modified the request to certify EMG for the left lower extremity only. The Low Back Complaints Chapter of the ACOEM Practice Guidelines notes that EMG may be useful to identify subtle focal neurologic dysfunction in patients with symptoms lasting more than 3-4 weeks, but they also note that EMG for clinically obvious radiculopathy is not recommended. Within the documentation available for review, there is documentation of clinically obvious radiculopathy with apparent MRI corroboration. There is no clear rationale identifying the medical necessity of additional testing in the form of EMG given the presence of corroborative clinical and imaging findings. The request for an EMG of the bilateral lower extremities is not medically necessary or appropriate.

NERVE CONDUCTION STUDIES (NCS) 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 Chapter, Nerve conduction studies (NCS)

Decision rationale: Regarding the request for NCS of the bilateral lower extremities, California MTUS does not specifically address the issue. The ACOEM notes that nerve conduction studies are usually normal in radiculopathy, while ODG cites that nerve conduction studies are not recommended and 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, there is clinical and imaging evidence of radiculopathy with no evidence of peripheral neuropathy or another rationale for nerve conduction studies. The request for an NCS for the bilateral lower extremities is not medically necessary or appropriate.