

Case Number:	CM13-0008771		
Date Assigned:	03/07/2014	Date of Injury:	12/09/2001
Decision Date:	04/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 63-year-old male with a 12/9/01 date of injury. At the time (7/8/13) of request for authorization for electromyography of the bilateral lower extremities and nerve conduction velocity of the bilateral lower extremities, there is documentation of subjective (low back and leg pain, patient denies any new symptoms or neurological changes) and objective (muscle strength 5/5, sensation intact, tenderness over the paraspinals, increased pain with flexion, and positive SLR) findings; current diagnoses (lumbar facet joint pain, numbness, muscle pain, lumbar spondylosis, lumbar DDD); and treatment to date (medications, Physical Therapy, and a Home Exercise Program). A 7/8/13 medical report identified that an EMG showed a bilateral L4 radiculitis as well as an L3 radiculitis; and that an EMG/NCV was requested to see if there have been any changes since the prior EMG or if now the lower nerve roots are affected. There is no documentation of objective findings consistent with neurologic dysfunction and an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, Online Edition, Chapter on Low Back - Lumbar and Thoracic - EMG/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. Within the medical information available for review, there is documentation of diagnosis of lumbar facet joint pain, numbness, muscle pain, lumbar spondylosis, lumbar Degenerative Disc Disease (DDD). In addition, there is documentation that a prior EMG identified bilateral L4 radiculitis as well as an L3 radiculitis; and a request for an EMG/NCV to see if there have been any changes since the prior EMG or if now the lower nerve roots are affected. However, there is no documentation of objective findings consistent with neurologic dysfunction. In addition, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for electromyography of the bilateral lower extremities is not medically necessary.

1 nerve conduction velocity of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, Online Edition, Chapter on Low Back - Lumbar and Thoracic - EMG/NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of lumbar facet joint pain, numbness, muscle pain, lumbar spondylosis, lumbar DDD. In addition, there is documentation that a prior EMG identified bilateral L4 radiculitis as well as an L3 radiculitis; and a request for an EMG/NCV to see if there have been any changes since the prior EMG or if now the lower nerve roots are affected. However, there is no documentation of objective findings consistent with neurologic dysfunction. In addition, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity of the bilateral lower extremities is not medically necessary.

