

Case Number:	CM13-0009984		
Date Assigned:	04/23/2014	Date of Injury:	09/22/2008
Decision Date:	06/10/2014	UR Denial Date:	07/18/2013
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 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 underlying date of injury in this case is 09/22/2008. This patient presented with pain in the bilateral knees and lumbar spine and symptoms of numbness and weakness in the bilateral knees and reports sensory loss in both feet based upon a treating chiropractor's progress report of 06/19/2013. An initial physician review noted that there was no objective evidence of neuropathy based on those symptoms or findings and that therefore the treatment guidelines did not support electrodiagnostic studies. An electrodiagnostic consultation of 10/28/2013 notes that the patient sustained an injury initially when he slipped and fell backwards. He also complained of occasional numbness and tingling and weakness. Electrodiagnostic study was abnormal and suggested bilateral chronic active L5-S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Online Resource, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 303, recommends electromyography and nerve conduction studies to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. An initial physician review recommended non-certification of electrodiagnostic studies with the rationale there was no objective evidence of neurological dysfunction. That criteria and the review is not supported by the guidelines or consistent with general principles of diagnostic testing. Indeed, if there were objective evidence of neuropathy prior to performing the test, then there would never be a need to perform the test. In general, if there were clear objective evidence for or against a diagnostic test, then there would be no benefit from performing the test. Diagnostic tests are performed when there are subjective symptoms or other findings which create a suspicion of a given diagnosis but short of confirmation of the diagnosis. This patient's symptoms of ongoing low back pain as well as sensory symptoms in the lower extremities are consistent with the treatment guidelines for electrodiagnostic studies. This request is medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Online Resource, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 303, recommends electromyography and nerve conduction studies to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. An initial physician review recommended non-certification of electrodiagnostic studies with the rationale there was no objective evidence of neurological dysfunction. That criteria and the review is not supported by the guidelines or consistent with general principles of diagnostic testing. Indeed, if there were objective evidence of neuropathy prior to performing the test, then there would never be a need to perform the test. In general, if there were clear objective evidence for or against a diagnostic test, then there would be no benefit from performing the test. Diagnostic tests are performed when there are subjective symptoms or other findings which create a suspicion of a given diagnosis but short of confirmation of the diagnosis. This patient's symptoms of ongoing low back pain as well as sensory symptoms in the lower extremities are consistent with the treatment guidelines for electrodiagnostic studies. This request is not medically necessary.