

Case Number:	CM13-0013399		
Date Assigned:	10/01/2013	Date of Injury:	01/09/2013
Decision Date:	01/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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 claimant was injured on January 7, 2013 while lifting an approximately twenty pound bag noting left lower extremity radicular complaints. The claimant was subsequently treated by the company occupational doctor, with medicines and acupuncture. The medical records document both lower back and left leg symptomatology and abnormal motor in a myotomal distribution concerning for lumbar radiculopathy. There is documentation that an MRI of the lumbar spine has been performed; however, there is no documentation of any report or films available for my review and even of the physician's review who ordered the EMG/NCV study. Radiographs were also performed, but again were not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) and electromyography (EMG) testing for 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.

Decision rationale: CA MTUS/ACOEM Guidelines state that EMG studies may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case, EMG/NCV for the right lower extremity are not indicated and supported based on the medical information submitted for this claimant. According to the records, a lumbar MRI and radiographs were performed; however those reports were not provided for review. EMG/NCV studies are not indicated in this case as an MRI should provide definitive information of the anatomy of the lumbar spine including the vertebral bodies and vertebral discs. It would also provide information about neuroforaminal and central canal patency of the spinal column which will likely guide further care which may be in a surgical manner. As the claimant has already had an MRI, there would be no necessity for the proposed EMG/NCV studies.