

Case Number:	CM13-0017988		
Date Assigned:	10/11/2013	Date of Injury:	04/22/2013
Decision Date:	07/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/29/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 37-year-old with a reported date of injury of 04/22/2013. The patient has the diagnoses of lumbago, displacement of lumbar intervertebral disc without myelopathy at L5-S1, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar facet joint hypertrophy at L4-5, L5-S1 and psychosexual dysfunction unspecified. The treatment modalities have included physiotherapy, acupuncture, aquatic therapy, chiropractic treatment, medication, epidural injections, facet joint injections and back brace. A request for EMG/NCV was made on 06/10/2013 and a decision for non-certification was made on 08/12/2013. Per the progress notes provided by treating physicians, the patient complains of constant low back pain rated a 9/10 that radiated down the left leg into the calf. The physical exam showed positive Valsalva, Kemp's test, Yeoman's test and iliac compression test bilaterally. The patient has an antalgic gait. Sensory and motor deficits were noted in the L4-5 and S1 dermatome. There was decreased range of motion noted in the spine with tenderness to palpation from T12-S1. At time of request, treatment plan was for mechanical traction therapy, electrical stimulation, infrared, myofascial release, soft tissue therapy, chiropractic treatment, transcutaneous electrical nerve stimulation and soft tissue brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

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

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.

Decision rationale: The California MTUS chronic pain manual does not address EMG specifically. The ACOEM states, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states, EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. This patient has symptoms that have lasted greater than 3-4 weeks and has undergone 1 month of conservative therapy. Based on above recommendations the EMG is medically necessary.

NCV OF THE BILATERAL LOWE EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines : Low Back.

Decision rationale: Per the ODG section on nerve conduction studies (either NCV or NCS), this is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. These neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Based on these guidelines/recommendation, the service is not medically necessary.