

Case Number:	CM13-0018740		
Date Assigned:	10/01/2013	Date of Injury:	01/09/2013
Decision Date:	03/04/2014	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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Texas. 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.

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 44-year-old male who reported injury on 01/08/2013, and the mechanism of injury was stated to be carrying heavy material. The patient was noted to have moderate pain in the left leg aggravated by prolonged standing and the patient reported radiating pain along with stiffness into the left toes. The sensory examination revealed the left L5 dermatome was decreased to light touch and the S1 dermatome was decreased on the left to light touch. The myotomes were noted to be within normal limits bilaterally. The patient's diagnoses were noted to include lumbar disc displacement without myelopathy, lesions of the sciatic nerve, and myofasciitis. The request was made for NCV and EMG testing of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

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): 303-305.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for

review indicated the patient had dermatomal findings to support the necessity for a left lower extremity as there was decreased sensation correlating with the L5 dermatome and S1 dermatome on the left. The request for EMG of the left lower extremity is medically necessary and appropriate.

EMG of the right lower extremity: 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): 303-305.

Decision rationale: The ACOEM guidelines states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review failed to provide the necessity for testing on the right side as there was a lack of documentation indicating myotomal or dermatomal findings to support the necessity for EMG testing on the right lower extremity. The request for EMG of the right lower extremity is not medically necessary and appropriate.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating the necessity for a nerve conduction study on the right lower extremity. The request for NCV of the right lower extremity is not medically necessary and appropriate.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the patient had signs and symptoms of radiculopathy on the left side. There was a lack of documentation indicating necessity for an NCV, when the patient had findings to support radiculopathy on the left side. The request for NCV of the left lower extremity is not medically necessary and appropriate.