

Case Number:	CM13-0019998		
Date Assigned:	01/15/2014	Date of Injury:	10/28/2011
Decision Date:	03/19/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/04/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 44 year-old with a date of injury of 10/28/11. A progress report associated with the request for services, dated 07/08/13, identified subjective complaints of 6/10 low back pain that is improved with medication. Also notes pain into the lower extremities, left greater than right. Objective findings included decreased range-of-motion of the lumbar spine. Less paraspinal spasm was noted. Neurological exam revealed 4/5 motor function on the left side with a new foot drop. There was decreased sensation in the L4, L5, and S1 dermatomes. There is no mention of the right side. No imaging results are documented. Diagnoses included status post lumbar decompression in April 2013; postoperative neurological findings, disproportionate, objectify. Treatment has included lumbar decompression (04/13), physical therapy, home exercise and stretching, TENS unit, and medications. A Utilization Review determination was rendered on 08/08/13 recommending non-certification of "EMG left lower extremity; EMG right lower extremity; NCV left lower extremity; NCV right lower extremity".

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic, (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the patient exhibits signs and symptoms of a radiculopathy. Likewise, there is no mention that imaging studies are contemplated. Therefore, the record does not document the medical necessity for an electromyogram.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic, (online version).

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, Nerve Conduction Studies.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. Therefore, the record does not document the medical necessity for a nerve conduction study.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic, (online version).

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, Nerve Conduction Study.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis

of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a left radiculopathy. Examination of the right lower extremity was not documented. Therefore, the record does not document the medical necessity for a nerve conduction study.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic, (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. In this case, the patient exhibits signs and symptoms of a radiculopathy on the left side. There is no documentation of a neurological exam of the right lower extremity. Likewise, there is no mention that imaging studies are contemplated. Therefore, the record does not document the medical necessity for an electromyogram.