

Case Number:	CM13-0020896		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2012
Decision Date:	01/10/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 interventional spinal medicine, 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 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 33-year-old with a date of injury on 10/22/12. The progress report dated 8/5/13 by [REDACTED] noted that the patient continues with low back pain with radicular pain down the right leg. The patient's diagnoses include lumbar spine discopathy and lumbar spine radiculitis. The UR determination under review is for EMG/NCV (electromyogram/nerve conduction velocity) studies for the bilateral lower extremities to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the the Low Back Complaints of the ACOEM Practice Guidelines, 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 requested bilateral lower extremity EMG studies are reasonable as the patient appears to have low back symptoms lasting more than three or four weeks. Authorization is

recommended. The request for an EMG of the left lower extremity is medically necessary and appropriate.

NCV of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: According to the the Low Back Complaints of the ACOEM Practice Guidelines, 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. ACOEM does not support NCS (NCV) for low back and leg symptoms. It supports EMG with H-reflex testing only. NCS (NCV) can be helpful in differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treater. Therefore recommendation is for denial. The request for a NCV of the right lower extremity is not medically necessary or appropriate.

NCV of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: According to the the Low Back Complaints of the ACOEM Practice Guidelines, 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. ACOEM does not support NCS (NCV) for low back and leg symptoms. It supports EMG with H-reflex testing only. NCS (NCV) can be helpful in differentiating peripheral neuropathies or myopathies but these concerns are not mentioned by the treater. Therefore recommendation is for denial. The request for a NCV of the Left Lower Extremity is not medically necessary or appropriate.

EMG of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: According to the the Low Back Complaints of the ACOEM Practice Guidelines, 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 requested bilateral lower extremity EMG studies are reasonable as the patient appears to have low back symptoms lasting more than three or four weeks. Authorization is recommended. The request for an EMG of the right lower extremity is medically necessary and appropriate.