MAXIMUS Federal Services

Case Number:	CM13-0025510		
Date Assigned:	01/31/2014	Date of Injury:	01/31/2011
Decision Date:	04/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Practice 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 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 33-year-old female who reported an injury on 01/31/2011 and 10/13/2012. The mechanism of injury was a cumulative injury. The patient was diagnosed with a lumbosacral sprain/strain. The followup consultation dated 08/27/2013 stated that the patient was seen for a followup appointment. The patient had been referred to a spine surgeon for a consultation. The patient continued to complain of low back pain. The patient was recommended for acupuncture twice a week for a 6 week period. An MRI showed that at L4-5, there was a 2.2 mm broad-based disc protrusion that abuts the thecal sac and produces bilateral neural foraminal narrowing. At L5-S1, a 5.6 mm central focal disc protrusion posteriorly displaced the thecal sac and S1 nerve roots, producing moderate to marked spinal canal narrowing, bilateral lateral recess and neural foraminal narrowing. The Agreed Medical Evaluation stated that despite conservative treatment, the patient continued to experience significant low back pain. The patient had attended physical therapy but found it ineffective in alleviating the low back pain. The patient reported severe impairment with activities of daily living. The patient had decreased range of motion and muscle strength was 5/5. Sensation was intact to the bilateral lower extremities, and the patient had a negative straight leg raise bilaterally. The patient rated pain at a 10/10. X-rays of the lumbar spine were normal. The treating physician recommended EMG/NCV for the bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT AND LEFT LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER LOW BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, LOW BACK COMPLAINTS 2ND ED 2004, 303-305

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines state that EMG's may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The patient complained of low back pain; however, no objective clinical documentation was submitted for review indicating a failure of conservative treatment. Also, the physical examination did not reveal objective findings of radiculopathy. The request for an EMG of the right and left lower extremities is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE RIGHT AND LEFT LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER LOW BACK COMPLAINTS,

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 Official Disability Guidelines do not recommend nerve conduction studies. The guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient complained of pain; however, the guidelines do not recommend nerve conduction studies. Also, no objective clinical documentation was submitted for review to show evidence of a failure of conservative treatment. The request for a NCV study of the right left lower extremities is not medically necessary and appropriate.