

Case Number:	CM13-0026950		
Date Assigned:	03/14/2014	Date of Injury:	10/20/2010
Decision Date:	04/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a male patient with the date of injury of October 20, 2010. A utilization review determination dated September 6, 2013 recommends non-certification of EMG/NCV BLE. The previous reviewing physician recommended non-certification of EMG/NCV BLE due to lack of documentation of an indication for EMG for demyelinating process. A Spine Follow-up Progress Report dated August 19, 2013 identifies Subjective Findings of low back pain improving, leftsided low back pain persistent, and left leg pain improving since the surgery. Physical Examination identifies lumbar spine range of motion limited secondary to pain. Diagnoses identify L5-S1 partial sacralization left-sided, radiculopathy/radiculitis left lower extremity improved since the discectomy/decompression, discogenic pain at L5-S1, status post left L5-S1 discectomy 6/25/13. Plan identifies EMG/nerve conduction velocity studies bilateral lower extremities. The patient has residual left leg pain and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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).

Decision rationale: Regarding the request for EMG BLE, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information made available for review, there is documentation of residual left leg pain and numbness. However, there is no clear documentation of focal neurologic dysfunction on physical examination. In the absence of such documentation, the currently requested EMG BLE is not medically necessary.

NCV BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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).

Decision rationale: Regarding the request for NCV BLE, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information made available for review, there is documentation of residual left leg pain and numbness. However, there is no clear documentation of focal neurologic dysfunction on physical examination. Additionally, guidelines do not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the absence of such documentation, the currently requested NCV BLE is not medically necessary.

