

Case Number:	CM13-0032790		
Date Assigned:	09/12/2014	Date of Injury:	04/15/2013
Decision Date:	10/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/08/2013

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 Preventive 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 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:

According to the records made available for review, this is a 48-year-old female with a 4/15/13 date of injury. At the time (8/9/13) of the request for authorization for EMG for bilateral lower extremities and Nerve Conduction Study (NCS) for bilateral lower extremities, there is documentation of subjective (severe pain in the low back down left leg primarily intermittent, radiating to right groin and left thigh) and objective (lumbar spine pain to palpation; Kemp test, Lasegue, Braggard's, bilateral leg lowering, and Valsalva) findings, current diagnoses (lumbar myofascitis, radicular neuralgia, and lumbago/low back pain/lumbalgia), and treatment to date (not specified). There is no documentation of focal neurologic dysfunction lasting more than three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for Bilateral Lower Extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic Studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascitis, radicular neuralgia, and lumbago/low back pain/lumbalgia. In addition, there is documentation of low back symptoms. However, there is no documentation of focal neurologic dysfunction lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) for Bilateral Lower Extremities is not medically necessary.

Nerve Conduction Study (NCS) for Bilateral Lower Extremities: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar myofascitis, radicular neuralgia, and lumbago/low back pain/lumbalgia. In addition, there is documentation of low back symptoms. However, there is no documentation of focal neurologic dysfunction lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Study (NCS) for Bilateral Lower Extremities is not medically necessary.