

Case Number:	CM13-0036087		
Date Assigned:	12/13/2013	Date of Injury:	12/17/2012
Decision Date:	05/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar disc herniation with radiculopathy, lumbar strain, sacroiliac ligament sprain and left leg paresthesia associated with an industrial injury date of December 17, 2012. Treatment to date has included oral analgesics, physical/aquatic therapy, activity modification and home exercise. Medical records from 2013 were reviewed and showed intermittent low back pain graded 7/10 in the pain scale associated with left leg numbness to the ankle. Examination of the lumbar spine revealed limitation of motion, tenderness and tightness over the L2-S1 paraspinal muscles. The patient was diagnosed with lumbar disc herniation with radiculopathy. An appeal was made on October 2013 regarding the NCV/EMG of the left lower extremity stating that this would be used to evaluate the persistent left lower extremity paresthesia and to rule out peripheral nerve impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCV) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (ODG), Nerve Conduction Studies (NCS).

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 Chapter, Nerve Conduction Studies.

Decision rationale: CA MTUS does not address this issue. The Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS), state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The rationale given for this request is to evaluate the persistent left lower extremity paresthesia and to rule out peripheral nerve impingement. However, the medical necessity for NCV has not been established because the patient presents with deliberate symptoms of radiculopathy which makes it not recommended based on the guidelines stated above. Lumbar radiculopathy is already an established diagnosis for this patient as far back as February 2013. There is no indication for this test. Therefore, the request for Nerve conduction study (NCV), of the left lower extremity is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back(updated 5/10/13).

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG), to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. There is minimal justification for performing electrodiagnostic studies when the patient is presumed to have symptoms on the basis of radiculopathy. The rationale given for this request is to evaluate the persistent left lower extremity paresthesia and to rule out peripheral nerve impingement. However, the medical Final Determination Letter for IMR Case Number CM13-0036087 4 necessity for EMG has not been established because the patient presents with deliberate symptoms of radiculopathy which makes it not recommended based on the guidelines stated above. Lumbar radiculopathy is already an established diagnosis for this patient as far back as February 2013. There is no indication for this test. Therefore, the request for electromyography (EMG), of the left lower extremity is not medically necessary.