

Case Number:	CM13-0036138		
Date Assigned:	12/13/2013	Date of Injury:	04/08/2004
Decision Date:	05/08/2014	UR Denial Date:	09/26/2013
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 Family 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 a 64 year old man with chronic problems due to a herniated disc in his cervical and lumbar spine. He was injured on the job on 4/08/2004. He has been under the care of [REDACTED] for these problems. He is requesting a review after denial of the following tests: Nerve Conduction Study of the Right Lower Extremity; Nerve Conduction Study of the Left Lower Extremity; and EMG of the Right Lower Extremity. The records include a Physician's Progress Report (PR-2) dated 12/18/2013. The note indicates that the patient has persistent pain in the neck and lower back. Physical examination is remarkable for "cervical spine tenderness and spasm posteriorly." There was lumbar spine "tenderness and spasm" as well. The diagnoses included: Herniated Disc, Cervical Spine and Herniated Disc, Lumbar Spine. There is notation in the records of magnetic resonance imaging (MRI) of the lumbar spine done 7/23/2013 which documented a 4 mm disc protrusion at L3-4, L4-5, and L5-S1. There is no documentation in the records for the rationale for the nerve conduction studies or the EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT 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 ODG Low Back, EMGs (Electromyography).

MAXIMUS 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

Decision rationale: The records provide no medical justification for any of the diagnostic studies requested: nerve conduction studies or EMGs. CA MTUS Guidelines state that nerve conduction studies are not recommended for assessment of nerve root dysfunction. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The Official Disability Guidelines state that "Nerve Conduction Studies are not recommended." Further, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Therefore the request is not medically necessary.

NCV 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 ODG Low Back, EMGs (Electromyography).

MAXIMUS 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.

Decision rationale: The records provide no medical justification for any of the diagnostic studies requested: nerve conduction studies or EMGs. CA MTUS Guidelines state that nerve conduction studies are not recommended for nerve root dysfunction. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The Official Disability Guidelines state that "Nerve Conduction Studies are not recommended." Further, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Therefore the request is not medically necessary.

EMG RIGHT 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 ODG Low Back, EMGs (Electromyography).

MAXIMUS 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.

Decision rationale: The records provide no medical justification for any of the diagnostic studies requested: nerve conduction studies or EMGs. CA MTUS Guidelines state that EMGs are not recommended for clinically obvious radiculopathy. The Official Disability Guidelines state that "EMGs are not necessary if radiculopathy is already clinically obvious." In summary, there

is no documented medical rationale for the proposed testing for this patient. The CA MTUS and Official Disability Guidelines do not support the use of EMG testing under the conditions of a clinically obvious radiculopathy. Therefore the request is not medically necessary.