MAXIMUS Federal Services

Case Number:	CM13-0037436		
Date Assigned:	01/24/2014	Date of Injury:	05/09/2013
Decision Date:	08/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation, has a subspecialty in Pain 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 63-year-old male with a 5/9/13 date of injury. Diagnoses include left lumbar radiculopathy, degenerative joint/disc disease of the lumbar spine, and disc protrusion at L1-L5. Treatment has included activity modification, prior chiropractic treatment, PT, and medications. 9/25/13 progress note described a flare up of low back pain with increased pain over the lower extremities. The patient is unable to attend chiropractic treatment due to his schedule. Clinically, there was a normal gait, painful lumbar range of motion, tenderness and lumbar spine, and decreased sensation over the left L1 and S1 dermatomes. SLR was negative. Medications, chiropractic treatment, and ESI were discussed. EMG/NCV studies from 10/7/13 revealed left chronic L5 radiculopathy and no evidence of peripheral nerve entrapment. Physical therapy and chiropractic notes were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTROMYOGRAPHY (EMG) OF THE 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)

ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (ODG, Low Back Chapter).

Decision rationale: Medical necessity for the requested EMG studies of the bilateral lower extremities is not established. This request obtained an adverse determination due to negative SLR, indicating lack of clinical radiculopathy. The patient underwent EMG/NCV studies on 10/7/13 that revealed left chronic L5 radiculopathy. There is no discussion of progression in radicular complaints, or additional medical evidence indicating that repeat electrodiagnostic testing is necessary. Recommend non-certification.

1 NERVE CONDUCTION VELOCITY (NCV) OF THE 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 x Official Disability Guidelines (ODG) lumbar spine chapter; electrodiagnostic studies. ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (ODG, Low Back Chapter).

Decision rationale: Medical necessity has not been established. EMG/NCV studies in 2013 were unremarkable for peripheral neuropathy. NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. Within the context of this appeal, no additional medical records were provided describing clinical evidence of peripheral nerve entrapment. The request is not substantiated.