

Case Number:	CM13-0039092		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2009
Decision Date:	05/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 41-year-old male who reported an injury on 12/01/2009. The mechanism of injury was not stated. Current diagnoses include neck pain with radicular symptoms in the left upper extremity, status post left hemilaminectomy at L5-S1, low back pain with radicular symptoms in the left lower extremity, and disc protrusion in the lumbar spine with bilateral neural foraminal narrowing. The injured worker was evaluated on 10/21/2013. The injured worker reported persistent lower back pain. Physical examination revealed limited lumbar range of motion, paravertebral muscle spasm and tenderness, positive straight leg raising on the left, decreased sensation to light touch in the left lower extremity, and weakness in the left foot. Treatment recommendations at that time included a left sided L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY STUDIES FOR THE RIGHT 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 (ODG); LOW BACK Chapter, section on Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on Electrodiagnostic Studies.

Decision rationale: The ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state nerve conduction studies 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. There was no evidence in the medical records provided for review of a significant neurological deficit with regard to the right lower extremity. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.

ELECTROMYGRAM (EMG) OF THE LEFT LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, but EMG is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker demonstrated positive straight leg raising on the left, decreased sensation to light touch in the left lower extremity, and weakness on the left. As the ODG do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY STUDIES FOR 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 (ODG); Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on Electrodiagnostic Studies.

Decision rationale: The ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state nerve conduction studies are not recommended.

As per the documentation submitted, the injured worker demonstrated positive straight leg raising on the left, decreased sensation to light touch in the left lower extremity, and weakness on the left. As the ODG does not recommend nerve conduction studies and there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

ELECTROMYGRAM (EMG) OF THE RIGHT LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, section on Electrodiagnostic Studies.

Decision rationale: The ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no evidence in the medical records provided for review of a significant neurological deficit with regard to the right lower extremity. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.