

Case Number:	CM13-0041501		
Date Assigned:	12/20/2013	Date of Injury:	02/08/2003
Decision Date:	02/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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 physician 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:

This is a female patient with a date of injury of 2/8/03. A utilization review determination dated 10/1/13 recommends non-certification of NCV/EMG of the bilateral lower extremities. A supplemental report dated 1/8/14 identifies that, on 8/5/13, the patient had left leg pain with radiation into the left lower extremity with cramps. Straight leg raising test was positive with radiating pain along the L5 distribution on the left. On 9/17/13, there was low back and left lower extremity pain with numbness and tingling. The patient was not interested in an updated MRI, but she was interested in EMG/NCV. On exam, straight leg raise was positive on the left with radicular symptoms to the L5 nerve root. On 12/12/13, the patient complained of right lower extremity pain and she would like to have an updated MRI and EMG/NCV. Pain was 4/10 with medications and 10/10 without. There was decreased sensation over the "L5-S1" nerve root distribution. The provider notes that the EMG/NCV would be to further assess and evaluate the patient's condition due to persistent low back pain that radiates down to her bilateral lower extremities. The provider notes that the patient's complaint of radicular pain now includes the right lower extremity and new pathology is suspected. However, the medical report from that exam on 12/12/13 notes a request for EMG/NCV of the left lower extremity only in addition to the updated MRI scan with gadolinium. The MRI was conditionally non-certified on 12/23/13 to allow for the submission of additional information in support of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NCV of the bilateral lower extremities: Upheld

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

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 (NCS)

Decision rationale: Regarding the request for NCV of the bilateral lower extremities, California MTUS does not specifically address the issue. ODG cites that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the provider does not identify any symptoms/findings or suspected diagnoses such as peripheral neuropathy to support the use of nerve conduction studies. In the absence of such documentation, the currently requested NCV of the bilateral lower extremities is not medically necessary.

1 EMG of the bilateral lower extremities: 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-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Regarding the request for EMG of the bilateral lower extremities, California MTUS cites that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG also notes that EMGs are not necessary if radiculopathy is already clinically obvious. Within the documentation available for review, the provider most recently noted that the patient, when seen on 12/12/13, the patient's complaint of radicular pain included the right lower extremity for the first time and new pathology was suspected. However, the medical report from that exam on 12/12/13 notes conflicting information since there is a request for EMG/NCV of the left lower extremity only in addition to an updated MRI scan with gadolinium. The MRI was conditionally non-certified on 12/23/13 to allow for the submission of additional information in support of that request. Given all of the above, there is no clear indication for EMG at this time. It appears that radiculopathy is already clinically obvious and, should there be a need to evaluate for right-sided pathology, the findings of the MRI that the provider is apparently in the process of obtaining would potentially obviate the need for more invasive testing with EMG. In light of the above issues, the currently requested EMG of the bilateral lower extremities is not medically necessary.