

Case Number:	CM13-0044071		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2011
Decision Date:	04/23/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Geriatrics and is licensed to practice in New York. 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 presented with a date of injury of 8/9/11 who was seen by his orthopedic primary treating physician on 9/11/13. He had complaints of lumbar back pain, present most of the time with radiation to his legs. The patient was working 23 hours per week modified duties doing office work and he was wearing a back brace. Physical exam showed that he had reduced lumbar range of motion with flexion to 45 degrees and extension to 10 degrees. He had bilaterally positive straight leg raises. Lasegue's test was negative. His motor power, sensation, pulses and reflexes were normal in his lower extremities. Diagnoses were chronic lumbar strain with radiculopathy, disc disease, history of epicondylitis of the right elbow-history of prior fracture and history of right inguinal hernia. The patient was referred for an updated MRI of the lumbar spine and EMG/NCS. The EMG/NCSs are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE LEFT LOWER EXTREMITY: 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): 287-3262.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. Based on the medical records provided for review the injured worker has already had a lumbar MRI though the records do not include the details. There are no red flags on physical exam to warrant further imaging, testing or referrals. The request for an EMG/NCS of the left lower extremities is not medically necessary and appropriate.

EMG/NCS OF RIGHT LOWER EXTREMITY: 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): 287-326.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. Based on the medical records provided for review the injured worker has already had a lumbar MRI though the records do not include the details. There are no red flags on physical exam to warrant further imaging, testing or referrals. The request for an EMG/NCS of the right and left lower extremities is not medically necessary and appropriate.