

Case Number:	CM13-0046510		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2008
Decision Date:	03/07/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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:

The patient is a 60-year-old male who reported an injury on 02/18/2008. The mechanism of injury was not provided. The patient was noted to have a positive Lasegue, sciatica with tenderness to palpation, and midline tenderness to palpation. The patient was noted to have a straight leg raise that was positive. The patient was noted to have decreased sensation on the right at L4-5 and L5-S1. A request was made for an EMG/NCV of the right lower extremity, and the patient's diagnoses were noted to include lumbar spine radiculopathy and lumbar discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Study of the right lower extremity: Upheld

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

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 Low Back Chapter, section on Nerve conduction studies (NCS).

Decision rationale: ACOEM Guidelines state 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. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient has symptoms of radiculopathy. The clinical documentation submitted for review failed to include rationale for performing both studies. Additionally, the patient was noted to have radiculopathy. The request for EMG/NCV of the right lower extremity is not medically necessary and appropriate.