

Case Number:	CM13-0047845		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2011
Decision Date:	03/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Interventional Spine 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 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 51-year-old injured worker with date of injury on 08/24/2011. The progress report dated 09/10/2013 by [REDACTED] indicates that the patient's diagnoses include: lumbar spine strain; cervicothoracic spine strain with possible cervical radiculopathy; rule out internal derangement, left knee, improved, prior left injury 3 years ago; complaints of depression, anxiety, and sleep difficulty. The patient continues with constant neck pain and low back pain with a pain level of 8/10. Notes indicate left knee pain at 4/10, and that the patient feels radiating pain to the bilateral lower extremities. Exam findings include muscle spasm of the trapezius musculature, and muscle spasm. Notes reflect left knee tenderness along the anterior and medial aspect of the knee. Diagnostic studies include EMG/NCS on 06/12/2012 for the bilateral lower extremities. This showed peripheral polyneuropathy secondary to a generalized, systemic neuropathic process. The utilization review letter dated 10/01/2013 issued a non-certification of a request for EMG/NCV of the left lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines, page 303, states that EMG including H-reflex test 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 (ODG), regarding nerve conduction studies states that they are not recommended for lumbar condition such as radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records show that the patient has had EMG/NCV studies from 2012 which showed peripheral polyneuropathy secondary to a generalized/systemic neuropathic process. The treating provider does not discuss any rationale as to why a repeat study is indicated at this time. The patient continues with symptoms of radiating pain to bilateral lower extremities. There is no new injury, no new neurologic progression or significant change. The request for 1 EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.