

Case Number:	CM13-0049793		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2009
Decision Date:	06/03/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 patient is a 55 year-old male who sustained an injury to his neck on 08/28/09. The mechanism of injury was not documented. An MRI of the cervical spine dated a 1cm hemangioma in the right side of T1 (1st thoracic vertebra); C4-5, 2mm bulge with right exiting nerve root compromise; C5-6, 3-4mm bulge with bilateral exiting nerve root compromise/facet arthropathy and 4-5mm anterior disc protrusion/osteophyte formation complex; C6-7, 2mm bulge with right exiting nerve root compromise. A notice of non-certification letter dated 10/30/13 reported that a request for EMG/NCV of the bilateral upper/lower extremities was denied. The reason for denial was not provided. Physical examination of the cervical spine dated 11/19/13 reported paravertebral muscle spasm; positive axial loading compression test; extension of symptomatology in the bilateral upper extremities; generalized weakness/numbness, left greater than right, which appears to be in the C5-6 dermatome; generalized weakness with grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13) EMGs (electromyography).

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, ELECTROMYOGRAPHY (EMG).

Decision rationale: Current, evidence-based studies have shown that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Given the clinical documentation submitted for review, medical necessity of the request for EMG of the left lower extremity has not been established. The (EMG) Electromyography of the left lower extremity is not medically necessary.

EMG OF RIGHT EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13) EMGs (electromyography).

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, ELECTROMYOGRAPHY (EMG).

Decision rationale: Current, evidence-based studies have shown the EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no indication if the request was for right lower or right upper extremity. Given the clinical documentation submitted for review, medical necessity of the request for EMG of the right extremity has not been established. . The (EMG) Electromyography of the right lower extremity is not medically necessary.

NCV OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13) Nerve Conduction studies (NCS).

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: Current, evidence-based studies have shown that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for NCV of the right lower extremity has not been established.

NCV OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 10/09/13) Nerve Conduction studies (NCS).

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: Current, evidence-based studies have shown that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for NCV of the left lower extremity has not been established.