

Case Number:	CM13-0051338		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2013
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 31-year-old male with a date of injury of 4/25/2013. Medical records indicate that the patient is undergoing treatment for lumbar sprain with bilateral radiculopathy (right greater than left) and cervical strain. Subjective complaints include low back pain with radiation to calf and numbness, tingling, and weakness. Objective findings (4/24/2013) include antalgic gait and loss of lordosis. Additionally objective findings (8/7/2013) include normal deep tendon reflexes of ankle, knee, hamstrings, normal sensation to pinprick/light touch, and right positive straight leg raise. Treatment has included Norco, Prilosec, ibuprofen, cyclo-keto-lidocain topical, and chiropractic treatment. A utilization review dated 10/9/2013 non-certified the request for EMG left lower extremity, NCV left lower extremity, EMG right lower extremity and NCV right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LOWER RIGHT EXTREMITY: Upheld

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

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 (ODG).

Decision rationale: ACOEM recommends, "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 further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) 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." The treating physician refers to clinically obvious radiculopathy of both lower extremities on 8/7/2013 by stating that the patient "reports slight constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities . . . slight occasional numbness in the lower extremities. There is weakness of the legs at times." As such, the request for EMG OF THE LOWER RIGHT EXTREMITY is not medically necessary.

NCV OF THE LOWER RIGHT EXTREMITY: Upheld

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

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 (ODG).

Decision rationale: ODG does not recommend NCV testing by stating "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Additionally, the treating physician refers to clinically obvious radiculopathy of both lower extremities on 8/7/2013 by stating that the patient "reports slight constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities . . . slight occasional numbness in the lower extremities. There is weakness of the legs at times." As such, the request for NCV OF THE LOWER RIGHT EXTREMITY is not medically necessary.

NCV OF THE LEFT LOWER EXTREMITY: Upheld

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

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 (ODG).

Decision rationale: ODG does not recommend NCV testing by stating "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Additionally, the treating physician refers to clinically obvious radiculopathy of both

lower extremities on 8/7/2013 by stating that the patient "reports slight constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities . . . slight occasional numbness in the lower extremities. There is weakness of the legs at times." As such, the request for NCV OF THE LOWER LEFT EXTREMITY is not medically necessary.

EMG OF THE LEFT LOWER EXTREMITY: Upheld

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

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 (ODG).

Decision rationale: ACOEM recommends "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 further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) 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." The treating physician refers to clinically obvious radiculopathy of both lower extremities on 8/7/2013 by stating that the patient "reports slight constant to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities . . . slight occasional numbness in the lower extremities. There is weakness of the legs at times." As such, the request for EMG OF THE LOWER LEFT EXTREMITY is not medically necessary