

Case Number:	CM13-0051822		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2013
Decision Date:	06/16/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 60-year-old male who sustained injury on 8/9/2013 when he drove into a tree. The patient was diagnosed with low back pain, neck and shoulder pain. There was a past medical history of neck injury in 2011. Physical examination revealed positive Spurling's sign, negative straight leg raising test and decreased sensation C7, left L5 and S1 nerve roots. There was no sensory deficit on the right lower extremity. On 10/4/2013, the provider did not detect any muscle atrophy or motor deficit. There was no bladder or bowel incompetence. The patient was unable to do heel or toe walking. The patient had completed physical therapy program but that did not help. The current medications listed are capsaicin and Tramadol for pain. A Utilization Review was rendered on 10/29/2013 recommending non certification for left and right lower extremities electromyography (EMG) and NCV (nerve conduction velocity).

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF RIGHT LOWER EXTERMITTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back : Lumbar and Thoracic, NCS (nerve conduction study).

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 : Lumbar and Thoracic, EMG/NCS.

Decision rationale: The CA MTUS did not address NCV (nerve conduction velocity) in the evaluation of chronic low back pain. The investigation of neuromuscular function is fully addressed by the Official Disability Guidelines (ODG). The tests are used to clarify the existence of radiculopathy when the clinical signs are inconclusive. The test is also used to distinguish different types of radiculopathy. The 10/4/2013 clinic note by the provider reported absence of sensory or motor loss in the right lower extremity. There was no muscle atrophy. The straight leg raising test was negative. There is no indication for a NCV test on the right lower extremity. As such, the request is not certified.

EMG OF LEFT LOWER EXTERMITTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back : Lumbar and Thoracic, EMG (electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back : Lumbar and Thoracic EMG/NCS.

Decision rationale: The CA MTUS did not address the use of electromyography (EMG) in the evaluation of chronic low back pain. The investigation of neuromuscular functions is fully addressed by the Official Disability Guidelines (ODG). The EMG is used to distinguish various forms of neuromuscular abnormalities. The available record did not show muscle atrophy or motor deficits. There was no bladder and bowel incontinence that would be indicative of severe neuromuscular deficits from lumbar radiculopathy. The documentation revealed only sensory loss in two dermatomes. As such, the request is not certified.

NCV OF 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), Low back : Lumbar and Thoracic, NCS (nerve conduction study).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back : Lumbar and Thoracic EMG/NCS.

Decision rationale: The CA MTUS did not address the use of NCV (nerve conduction velocity) in the investigation of chronic back pain. The use of NCV to investigate neuromuscular abnormalities is fully addressed by the Official Disability Guidelines (ODG). There was sensory deficit in two dermatomes of the left lower extremity. There was no documented motor deficit or muscle atrophy. There was no bladder or bowel incontinence that is indicative of severe nerve roots involvement. There would not be additional information to be obtained by the NCV of the left lower extremity. As such, the request is not certified.

EMG OF RIGHT 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), Low back : Lumbar and Thoracic, EMG (electromyography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back : Lumbar and Thoracic EMG/NCS.

Decision rationale: The CA MTUS did not address the use of electromyography (EMG) to investigate chronic low back pain. The use of EMG in the evaluation of neuromuscular deficits was fully addressed by the Official Disability Guidelines (ODG). The EMG can be useful in distinguishing various causes of neuromuscular deficits. The report from the 10/4/2013 clinic visit did not show any significant objective sign of neuromuscular abnormality. There was no motor deficit or muscle atrophy. There was normal sensation in the right lower extremity dermatomes. There would be no additional knowledge to be gained from the proposed EMG of the right lower extremity. As such, the request is not certified.