

Case Number:	CM13-0053305		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2013
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, 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:

This patient is a 29-year-old male with date of injury of 08/02/2013. Per progress report on 10/07/2013, presenting symptoms are continuous low back pain with radiation to both lower extremities at intensity of 5/10. The treating physician's listed diagnoses are lumbar strain/sprain; rule out herniated disk at the lumbar spine. This report was by [REDACTED] and appears to be initial evaluation. Examination showed diminished range of motion, palpatory tenderness of the paraspinal muscles, bilateral straight leg raise test positive at 60 degrees with pain radiation down to the posterior thighs, worse on the right side, 4/5 muscle strength in the S1 muscle group bilaterally and in the L5 muscle group on the right side. He indicates the patient did have an MRI of the lumbar spine and asked for the report to be sent over to him so he can review it. Given the patient's lower extremity radicular pain and the paresthesias, he was recommending EMG/NCV studies of the lower extremities. He indicates that the patient continues to have back pain with neuropathic component going down to both lower extremities. He prescribed some medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient presents with low back and bilateral lower extremity pains, and the treating physician has asked for EMG/NCV studies of the bilateral lower extremities. This request was denied by utilization review letter dated 10/21/2013. The rationale for denial is that the report was nonspecific regarding any objective evidence of radiculopathy; 10/01/2013 MRI demonstrated left-sided L5-S1 foraminal stenosis, no indication for concern of peripheral neuropathy. The reviewer continues that despite the documentary deficiencies, EMG of the bilateral lower extremities was indicated, but MTUS Guidelines do not support NCV in the absence of any concern for peripheral neuropathy. While MTUS Guidelines do not discuss EMG/NCV studies, ACOEM Guidelines page 303 states that EMG including H-reflex tests may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms. Therefore, EMG component of the current request is appropriate. The utilization reviewer addressed the issue for nerve conduction studies. While I agree that nerve conduction studies are not indicated for lumbar spinal conditions such as radiculopathy and stenosis, ODG Guidelines supports NCV studies when peripheral neuropathy and other conditions are suspected. In this case, the treating physician adequately documents radiating symptoms to the lower extremities; he raised concerns regarding neuropathy in his report. Neuropathy is a multifactorial condition which can be caused by both radiculopathy and peripheral neuropathies. Recommendation is for authorization.