

Case Number:	CM13-0054131		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2003
Decision Date:	03/13/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

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 & 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:

This is a 50 year-old (██████████), male warehouse worker, who was injured on 8/19/2013. According to the 10/11/13 neurology report, he has been diagnosed with lumbar disc herniation with lumbar radiculopathy left greater than right. He presented on 10/11/13 with worsening lower back pain with pain and numbness down the legs. The IMR application shows a dispute with the 10/23/13 UR denial for NCV/EMG BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study for right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with low back pain with pain and numbness radiating down both legs, persistent since at least 3/15/13, which is the date of the first available report from ██████████. MTUS/ACOEM topics state: ""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." There are no prior electrodiagnostic studies available for review. The handwritten PR2 states show the request as "repeat MRI L spine / EMG/NCS of lumbar..." UR had denied the "repeat" studies since there is no discussion of the prior studies. An MTUS/ACOEM guideline for the low back chapter does not discuss repeat electrodiagnostics. Based on the available information, the patient has low back pain over 4 weeks, and has some paresthesia down both legs, and the strict application of the MTUS/ACOEM guidelines allows for the EMG for the lower extremities, and since the H-reflex is a part of the NCS, the NCS of the lower extremities would be appropriate.

Electromyogram left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with low back pain with pain and numbness radiating down both legs, persistent since at least 3/15/13, which is the date of the first available report from [REDACTED]. MTUS/ACOEM topics state: ""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." There are no prior electrodiagnostic studies available for review. The handwritten PR2 states show the request as "repeat MRI L spine / EMG/NCS of lumbar..." UR had denied the "repeat" studies since there is no discussion of the prior studies. An MTUS/ACOEM guideline for the low back chapter does not discuss repeat electrodiagnostics. Based on the available information, the patient has low back pain over 4 weeks, and has some paresthesia down both legs, and the strict application of the MTUS/ACOEM guidelines allows for the EMG for the lower extremities, and since the H-reflex is a part of the NCS, the NCS of the lower extremities would be appropriate.

Nerve conduction study for left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with low back pain with pain and numbness radiating down both legs, persistent since at least 3/15/13, which is the date of the first available report from [REDACTED]. MTUS/ACOEM topics state: ""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." There are no prior electrodiagnostic studies available for review. The handwritten PR2 states show the request as "repeat MRI L spine / EMG/NCS of lumbar..." UR had denied the "repeat" studies since there is no discussion of the prior studies. An MTUS/ACOEM guideline for the low back chapter does not discuss repeat

electrodiagnostics. Based on the available information, the patient has low back pain over 4 weeks, and has some paresthesia down both legs, and the strict application of the MTUS/ACOEM guidelines allows for the EMG for the lower extremities, and since the H-reflex is a part of the NCS, the NCS of the lower extremities would be appropriate.

Electromyogram right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with low back pain with pain and numbness radiating down both legs, persistent since at least 3/15/13, which is the date of the first available report from [REDACTED]. MTUS/ACOEM topics state: ""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." There are no prior electrodiagnostic studies available for review. The handwritten PR2 states show the request as "repeat MRI L spine / EMG/NCS of lumbar..." UR had denied the "repeat" studies since there is no discussion of the prior studies. An MTUS/ACOEM guideline for the low back chapter does not discuss repeat electrodiagnostics. Based on the available information, the patient has low back pain over 4 weeks, and has some paresthesia down both legs, and the strict application of the MTUS/ACOEM guidelines allows for the EMG for the lower extremities, and since the H-reflex is a part of the NCS, the NCS of the lower extremities would be appropriate.