

Case Number:	CM13-0054854		
Date Assigned:	02/26/2014	Date of Injury:	01/28/2009
Decision Date:	05/08/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventative Medicine 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 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:

According to the records made available for review, this is a 61-year-old female with a 1/28/09 date of injury. The request is for authorization for EMG bilateral lower extremities and NCV bilateral lower extremities. There is documentation of subjective findings of chronic pain in the lumbar spine with radiation to the lower extremities and objective findings of spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, and decreased sensation in the L5 and S1 dermatomal distributions bilaterally. The current diagnoses are lumbar sprain/strain. The treatment to date is physical therapy and medications. The 9/11/13 medical report plan identifies EMG/NCV of the bilateral lower extremities and lumbar MRI to rule out peripheral nerve entrapment disorder. In addition, medical reports identify certification of the request for lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: The California MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. In addition, given documentation of subjective (chronic pain in the lumbar spine with radiation to the lower extremities) and objective (decreased sensation in the L5 and S1 dermatomal distributions bilaterally) findings, there is documentation of evidence of radiculopathy after 1-month of conservative therapy (physical therapy and medications). However, given documentation of a plan identifying EMG/NCV of the bilateral lower extremities and lumbar MRI to rule out peripheral nerve entrapment disorder, and a subsequent certification of the request for lumbar MRI, there is no documentation of a rationale (findings not explained by MRI) identifying the medical necessity of the requested EMG bilateral lower extremities. Therefore, based on guidelines and a review of the evidence, the request for EMG bilateral lower extremities is not medically necessary.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: The California MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain/strain. In addition, given documentation of subjective (chronic pain in the lumbar spine with radiation to the lower extremities) and objective (decreased sensation in the L5 and S1 dermatomal distributions bilaterally) findings, there is documentation of evidence of radiculopathy after 1-month of conservative therapy (physical therapy and medications). However, given documentation of a plan identifying EMG/NCV of the bilateral lower extremities and lumbar MRI to rule out peripheral nerve entrapment disorder, and a subsequent certification of the request for lumbar MRI, there is no documentation of a rationale (findings not explained by MRI) identifying the medical necessity of the requested NCV bilateral lower

extremities. Therefore, based on guidelines and a review of the evidence, the request for NCV bilateral lower extremities is not medically necessary.