MAXIMUS Federal Services

Case Number:	CM13-0055821		
Date Assigned:	12/30/2013	Date of Injury:	03/07/2013
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 60-year-old female who reported injury on 03/07/2013. The mechanism of injury was noted to be the patient was pushing a laundry cart. The physical exam findings for the submitted documentation indicated the patient had right inversion of 4+/5, right EHL of 4/5, and right eversion of 4/5. The patient had diminished sensation on the right L5 and S1 in a dermatomal distribution. The patient had a positive straight leg raise on the right for pain at the foot at 35 degrees. The patient had difficulty arising from a seated position. The diagnosis was noted to be progressive neurologic deficit consistent with right L5 and S1 objectively, rule out intradiscal component lumbar spine. The request was made for an EMG/NCV to objectify findings and delineate specific nerve involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right lower extremity: Upheld

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: ACOEM states that 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. Clinical documentation submitted for review indicated the patient had decreased motor strength on the right and decreased sensation on the right. The request for an EMG would be supported. Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation failed to indicate the patient had signs or symptoms that would support the need for an NCS. The physician's rationale for requesting the testing was to objectify findings and delineate specific nerve involvement. Given the above, the request for an EMG/NCV of the right lower extremity is not medically necessary.

EMG/NCV left lower extremity: Upheld

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: ACOEM states that 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. Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Clinical documentation submitted for review failed to indicate the patient had myotomal or dermatomal findings to support the necessity for an EMG or NCV of the left lower extremity. There was a lack of documentation indicating the patient had a necessity for the testing on bilateral sides. Given the above, the request for EMG/NCV of the left lower extremity is not medically necessary.