

Case Number:	CM13-0055871		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2012
Decision Date:	04/30/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 49 year old female with cumulative trauma from 11/25/2010 to 8/12/2012. Patient has been treated for ongoing symptoms related to her shoulder and low back. Diagnosis is of lumbosacral radiculopathy. Subjective complaints are of constant pain in upper, mid, and low back, with sharp shooting pain. Pain is worse with prolonged sitting or activity. Physical exam shows tenderness and spasm over lumbar paravertebral muscles, and sciatic notch. Bilateral straight leg raise test was negative, reflexes were normal and symmetrical. There was decreased sensation over an L5 distribution on the left leg, and difficulty with heel toe walk. Medications include ibuprofen and heating ointment. Patient had also received an unspecified amount of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTERMITTY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation (ODG) Low Back (Updated 10/09/13), EMG (Electromyography)

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, EMG

Decision rationale: CA MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, ongoing conservative measures are not providing functional improvement, and patient has focal neurologic signs on exam that could be further identified with an EMG. Therefore, the request for a bilateral lower extremity EMG is medically necessary.

NCV LEFT LOWER EXTERMITTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK NERVE CONDUCTIONS STUDIES

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, NERVE CONDUCTION STUDIES

Decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. This patient has low back pain with objective signs of radiculopathy that could more clearly identified via an EMG. Therefore, the request for a nerve conduction study is not medically necessary.

NCV RIGHT LOWER EXTERMITTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Updated 10/09/13), Nerve Conduction Studies (NCS)

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, NERVE CONDUCTION STUDIES

Decision rationale: The ODG does not recommend NCS (Nerve Conduction Studies) due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. This patient has low back pain with objective signs suggestive of radiculopathy that could more clearly identified via an EMG. Therefore, the request for a nerve conduction study of right lower extremity is not medically necessary and appropriate.

EMG RIGHT LOWER EXTERMITTY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation (ODG) Low Back (Updated 10/09/13), EMG (Electromyography)

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, EMG

Decision rationale: CA MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, ongoing conservative measures are not providing functional improvement, and patient has focal neurologic signs on exam that could be further identified with an EMG. Therefore, the request for a bilateral lower extremity EMG (Electromyography) is medically necessary.