

Case Number:	CM13-0056115		
Date Assigned:	04/16/2014	Date of Injury:	08/05/2005
Decision Date:	06/12/2014	UR Denial Date:	11/08/2013
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 Emergency 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:

This case involves a patient with date of injury reported on 8/5/2005. The mechanism of injury was not provided. The patient has a diagnosis of lumbosacral spondylosis without myopathy, displacement of lumbar intervertebral disc without myopathy, degeneration or lumbar disc and thoracic/lumbosacral neuritis/radiculitis. Multiple medical records reviewed from the primary treating physician and consultants. There are reports by dentistry that is not relevant to this review. There are also reports concerning patient's sleep apnea issues, which are not relevant to this review. The last report was available until 10/29/13. The patient complained of low back pain with pain radiating to the left lower extremity and weakness of the left leg. An objective exam reveals tenderness in the lumbar paraspinal muscles and decreased range of motion (ROM) of the lumbar spine. There is a supplemental report dated 11/25/13 that is related to the non-certification for the electromyography (EMG) request. It does not provide any additional characteristics of the pain complaint or any additional physical exam description. The patient is reportedly on ibuprofen, but no medication list was provided. No other treatment modality was attempted in the past, according to the documentation. The MRI of the lumbar spine on 10/4/2013 reveals multilevel degenerative disc changes at L2-S1. Some disc bulge was noted at L2-5 measuring up to 3.4mm with mild effacement of theca sac. The utilization review (UR) is of electromyogram/nerve conduction study (EMG/NCS) of the left lower extremity and electromyogram/nerve conduction study (EMG/NCS) of the right lower extremity. The prior UR dated 11/7/13, recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 AND 309.

Decision rationale: The MTUS/ACOEM Guidelines indicate that electromyography/nerve conduction studies may be useful in identifying subtle or focal neurological dysfunction. However, the documentation provided by the treating physician does not provide any objective findings of any neurological dysfunction. The patient has complaints of "weakness", but no paresthesia or other concerning symptoms. There is no documented neurological exam, motor exam, or any exam specifically testing for radicular neuropathy or any neurological anomalies. The documentation does not support the medical necessity of a NCS.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 AND 309.

Decision rationale: The MTUS/ACOEM Guidelines indicate that electromyography/nerve conduction studies may be useful in identifying subtle or focal neurological dysfunction. However, the documentation provided by the treating physician does not provide any objective findings of any neurological dysfunction. The patient has complaints of "weakness", but no paresthesia or other concerning symptoms. There is no documented neurological exam, motor exam, or any exam specifically testing for radicular neuropathy or any neurological anomalies. The documentation does not support the medical necessity of an EMG.