

Case Number:	CM13-0056547		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2012
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 53-year-old male who reported injury on 10/22/2012. The mechanism of injury was while sitting in an office chair, the injured worker had the chair leaned backwards, and the injured worker fell to the ground. The documentation of 12/11/2012 revealed the physician was waiting on an EMG of the bilateral lower extremity report. The documentation of 07/01/2013 revealed the injured worker had 12 sessions of physical therapy, 1 epidural steroid injection, a repeat MRI of the lumbar spine, and had seen a spine physician in consultation. It was indicated the injured worker had a nerve conduction and needle EMG in 10/2012. The injured worker was involved in a motor vehicle accident 3 weeks prior to the examination of 07/01/2013. The injured worker had pain associated with global numbness and tingling in the bilateral lower extremities. The physical examination revealed bilateral straight leg raise to 60 degrees with ipsilateral hamstring tightness. There was tenderness to palpation at the L2-S1 paraspinals. Motor strength was 5/5. The injured worker had decreased sensation to light touch and pinprick over bilateral calves. The reflexes were 1+ in the bilateral knees and ankles. The diagnosis was lumbar radiculopathy. The request was made for bilateral EMG/NCV of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 303-305.

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. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination to support electromyography. However, there was a lack of documentation indicating the official results from the prior EMG. There was a lack of documentation indicating the injured worker had objective changes to support the necessity for a repeat EMG. Given the above and the lack of documentation, the request for bilateral EMG is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

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 Chapter, NCS.

Decision rationale: Official Disability Guidelines do 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 submitted for review indicated the physician had a suspicion of radiculopathy. There was a lack of documentation indicating the necessity for both an EMG and an NCV. Given the lack of documented rationale, the request for nerve conduction velocity of the bilateral lower extremities is not medically necessary.