

Case Number:	CM13-0057208		
Date Assigned:	01/10/2014	Date of Injury:	11/19/2012
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 Practice 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 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 patient is a 55-year-old male who reported an injury on 11/19/2012 after he picked up a large object that caused a loud pop in his low back. The patient underwent an MRI in 03/2013 that documented there was decreased disc height at the L4-5 with a disc protrusion that abuts the right L5 nerve root without compression. It was also noted that the patient had mild bilateral degenerative facet changes involving multiple levels. The patient was treated conservatively with multiple medications, acupuncture, chiropractic care, and physical therapy. The patient's most recent clinical findings documented that the patient had limited lumbar range of motion secondary to pain with complaints of numbness in the outer border of each foot consistent with the L5 nerve distribution and positive straight leg raising test bilaterally. The patient's diagnoses included continuing sprain/strain of the lumbar spine with radiculopathy into the bilateral lower extremities. The patient's treatment plan included an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities, acupuncture of the lumbar spine, and continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The requested electromyography and nerve conduction study is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies prior to an imaging study to provide clarification of neurological deficits and nerve root dysfunction. The clinical documentation submitted for review does indicate that the patient has previously undergone an imaging study in 03/2013. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the patient's treatment planning. The imaging study provided does indicate that the patient has a disc bulge abutting the exiting L5 nerve root consistent with the patient's examination findings. As such, the requested electromyography and nerve conduction study are not medically necessary or appropriate.