

Case Number:	CM13-0058887		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2011
Decision Date:	03/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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:

This 31 year-old female sustained an injury on 8/4/11 while employed by [REDACTED]. Requests under consideration include NCV left lower extremity and EMG left lower extremity. Report of 12/9/13 from provider noted ongoing low back and severe right lower extremity radicular pain. New MRI on 6/12/13 showed no significant change from prior MRI of 9/13/11. The patient stated some improvement with her radicular pain with the recently added Gabapentin. Medications provide her with functional gains. It was noted the EMG/NCV was denied as noted by reviewer that radiculopathy is clinically obvious; however, provider noted the patient's MRI does not contribute to this, so the nerve studies are necessary. Exam showed antalgic gait; lumbar spine with tenderness of spinous process at L4; No tenderness of right hip, SI joint or PSIS, sciatic notch; paraspinous spasms at right L2-L5; motor strength 5/5 throughout except for 4/5 right quad, ankle DF and EHL; diminished reflexes; diminished sensory throughout L3, L4, and L5 on right; positive SLR. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc; lumbago; and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment noted patient has had 2 transforaminal ESIs which helped for 1 week at best with request for EMG/NCV of the lower extremities. Medications of Oxycodone-Acet and Soma were provided. Requests above were non-certified on 10/31/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: This 31 year-old female sustained an injury on 8/4/11 while employed by [REDACTED]. Requests under consideration include NCV left lower extremity and EMG left lower extremity. Per Guidelines, EMG/NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) Additionally, "Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.)." However, the provider has noted the "New MRI on 6/12/13 showed no significant change from prior MRI of 9/13/11" without significant canal or neural foraminal stenosis as diagnoses included degeneration of lumbar or lumbosacral intervertebral disc; lumbago; and thoracic or lumbosacral neuritis or radiculitis, unspecified. Additionally, submitted reports from the provider have noted the patient's radicular symptoms have improved with the newly added Gabapentin. Clinical exam does demonstrate neurological deficits of diffuse decreased sensory along L3-5 dermatomes and 4/5 motor weakness on right with normal findings on left lower extremity. Diagnostic evaluations and results may assist providers in the appropriate treatment plan as with EMG/NCV for clinical indication of lumbar epidural steroid injections to relieve symptom complaints. This is not the case here as the patient had an unchanged MRI and was noted by the provider to have had 2 transforaminal ESIs which helped for 1 week at best, negating any medical necessity for diagnostic EMG/NCV. The NCV left lower extremity and EMG left lower extremity are not medically necessary and appropriate.

EMG left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.