

Case Number:	CM13-0060525		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2013
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 3/29/13. A utilization review determination dated 11/12/13 recommends non-certification of EMG/NCV of the lower extremities. It references a 10/16/13 medical report identifying pain in the lumbar spine, upper back radiating into the bilateral hips, and left ankle and foot. There is pins and needles sensation in the left ankle and foot along with swelling. On exam, there is spasm and tenderness of the left piriformis, bilateral lumbar paraspinal muscles, and multifidus. Positive Kemp's and Yeoman's bilaterally, left hamstrings and left Achilles reflexes decreased, spasm and tenderness to the left ankle with positive valgus, AP, and PA drawer tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: Regarding the request for EMG, CA MTUS/ACOEM cites that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with

low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there were no exam findings consistent with focal neurologic dysfunction for which an EMG would be indicated. In light of the above issues, the currently requested EMG is not medically necessary.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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, ELECTRODIAGNOSTIC STUDIES

Decision rationale: Regarding the request for NCS, California MTUS does not specifically address the issue. ODG cites that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no evidence of any findings consistent with peripheral neuropathy or another clear rationale for nerve conduction studies. In light of the above issues, the currently requested NCS is not medically necessary.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: Regarding the request for EMG, CA MTUS/ACOEM cites that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there were no exam findings consistent with focal neurologic dysfunction for which an EMG would be indicated. In light of the above issues, the currently requested EMG is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

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, ELECTRODIAGNOSTIC STUDIES

Decision rationale: Regarding the request for NCS, California MTUS does not specifically address the issue. ODG cites that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there is no evidence of any findings consistent with peripheral neuropathy or another clear rationale for nerve conduction studies. In light of the above issues, the currently requested NCS is not medically necessary.