MAXIMUS Federal Services

Case Number:	CM13-0063815		
Date Assigned:	03/24/2014	Date of Injury:	09/13/2013
Decision Date:	05/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Preventive 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:

According to the records made available for review, this is a 47-year-old female with a 9/13/13 date of injury. At the time (10/30/13) of request for authorization for EMG of the bilateral lower extremities and NCV of the bilateral lower extremities, there is documentation of subjective findings of dull mid-back pain and sharp low back pain and objective findings of tenderness over T2-T6, bilateral thoracic muscle guarding, positive Kemp's test, intact dermatomes of the thoracic spine, decreased lumbar range of motion, positive straight leg raising, intact sensation, and decreased motor strength. The current diagnoses are thoracic sprain/strain and lumbar sprain/strain, rule out herniated nucleus pulposus. The treatment to date is activity modification and medication. There is no documentation of focal neurologic dysfunction and evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Chapter 12, Page 8, 62-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: California MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbar sprain/strain, rule out herniated nucleus pulposus. In addition, there is documentation of low back symptoms and 1-month of conservative treatment. However, despite documentation of subjective (dull mid-back pain and sharp low back pain) and objective (tenderness over T2-T6, bilateral thoracic muscle guarding, positive Kemp's test, intact dermatomes of the thoracic spine, decreased lumbar range of motion, positive straight leg raising, intact sensation, and (nonspecific) decreased motor strength) findings, there is no documentation of focal neurologic dysfunction and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG of the bilateral lower extremities is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Chapter 12, Page 8, 62-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: California MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbar sprain/strain, rule out herniated nucleus pulposus. In addition, there is documentation of low back symptoms and 1-month of conservative treatment. However, despite documentation of subjective (dull mid-back pain and sharp low back pain) and objective (tenderness over T2-T6, bilateral thoracic muscle guarding, positive Kemp's test, intact dermatomes of the thoracic spine, decreased lumbar range of motion, positive straight leg raising, intact sensation, and (nonspecific) decreased motor strength) findings, there is no documentation of focal neurologic

dysfunction and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for NCV of the bilateral lower extremities is not medically necessary.