

Case Number:	CM13-0063913		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2011
Decision Date:	12/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/13/11 when he developed low back pain while using a jackhammer. Treatments have included epidural steroid injections, acupuncture, massage, and medications. An MRI of the lumbar spine on 01/02/12 included findings of multilevel spondylosis with mild to moderate neuroforaminal narrowing and mild to moderate facet hypertrophy. In April 2012 electrodiagnostic testing had been performed. He was seen on 09/30/13. He was having right-sided low back pain radiating into the left back radiating into the right leg. He was having difficulty sleeping. Physical examination findings included bilateral paraspinal muscle tenderness with guarding and decreased lumbar spine range of motion. There was a normal neurological examination.

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.

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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back pain with radiating symptoms. He appears to have already had electrodiagnostic testing in April 2012. When seen by the requesting provider, there was a normal neurological examination. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is not supported based on the claimant's physical examination findings and he has already had electrodiagnostic testing. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had electrodiagnostic testing of the lower extremities. None of the above indications is present. Therefore, the requested bilateral lower extremity electromyography is not medically necessary.

Nerve Conduction Velocity (NCV) Study of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back pain with radiating symptoms. He appears to have already had electrodiagnostic testing in April 2012. When seen by the requesting provider, there was a normal neurological examination. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore, the requested bilateral lower extremity NCV is not medically necessary.