

Case Number:	CM13-0064673		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2007
Decision Date:	04/24/2014	UR Denial Date:	11/12/2013
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 Orthopedic Surgery 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:

The patient is a 50 year-old claimant with a date of injury of 10/22/07. He has been treated for back and leg pain. The documentation provided for review indicates concern over lower extremity radiculopathy. Multiple notes are provided from [REDACTED] office and [REDACTED] office. Examination findings at each visit are not convincing for a lumbar radiculopathy problem. There is documentation in [REDACTED] notes that an MRI was performed in 2012 that was not convincing for a neurocompressive lesion. EMG/NCV of the bilateral lower extremities was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Low Back Chapter- Lumbar & Thoracic, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 18th Edition, (2013), Updates, Chapter Low Back, Electromyography (EMG).

Decision rationale: The ACOEM Guidelines supported by the Official Disability Guidelines, state that needle EMG is useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy; but EMG is not necessary if radiculopathy is clinically obvious. Nerve conduction studies of the lower extremities are not recommended at all. As there has been concern over radiculopathy with a normal neurologic examination and an MRI has been unconvincing for a neurocompressive lesion, and this claimant has remained and disabled and out of work, an EMG of the left lower extremity and an EMG of the right lower extremity would be considered medically necessary and appropriate to help understand whether or not radiculopathy is present.

NCS OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Low Back Chapter- Lumbar & Thoracic, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Low Back: Nerve Conduction Studies.

Decision rationale: Nerve conduction studies of the right and left lower extremities would not be considered medically necessary and appropriate based upon the Official Disability Guidelines which do not support nerve conduction studies to the lower extremity in the setting of suspected radiculopathy.

NCS OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Low Back Chapter- Lumbar & Thoracic, Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates; Chapter Low Back; Nerve Conduction Studies.

Decision rationale: Nerve conduction studies of the right and left lower extremities would not be considered medically necessary and appropriate based upon the Official Disability Guidelines which do not support nerve conduction studies to the lower extremity in the setting of suspected radiculopathy.

EMG OF RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Low Back Chapter- Lumbar & Thoracic, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 18th Edition, (2013), Updates, Chapter Low Back, Electromyography (EMG).

Decision rationale: The ACOEM Guidelines supported by the Official Disability Guidelines, state that needle EMG is useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy; but EMG is not necessary if radiculopathy is clinically obvious. Nerve conduction studies of the lower extremities are not recommended at all. As there has been concern over radiculopathy with a normal neurologic examination and an MRI has been unconvincing for a neurocompressive lesion, and this claimant has remained and disabled and out of work, an EMG of the left lower extremity and an EMG of the right lower extremity would be considered medically necessary and appropriate to help understand whether or not radiculopathy is present.