MAXIMUS Federal Services

Case Number:	CM13-0065152		
Date Assigned:	01/03/2014	Date of Injury:	07/23/2010
Decision Date:	03/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The claimant sustained an injury on 07/23/2010. The mechanism of injury was not provided. His diagnoses include sciatic nerve lesion and lumbar spondylosis. He continues to complain of low back pain, neck pain, and thoracic spine pain. He has radiation of his low back pain to his left leg. On exam he has spasm and tenderness with decreased sensation in an L5 distribution on the left with positive straight leg raising. MRI of the cervical and lumbar spine has demonstrated findings of disc pathology in the cervical and lumbar spine. Treatment has included medications and chiroparctic therapy. The treating provider has requested NCV/EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request is for NCV/EMG of three bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS, 2009 and Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303.

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)

Indications for EMG/NCV testing 2010 and : Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. Per the medical documentation the claimant has specific neurological findings and has undergone an MRI which demonstrates specific disc pathology. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the bilateral lower extremities given the neurologic findings on exam and the reported MRI results. Medical necessity for the requested service has not been established. The requested service is not medically necessary.