MAXIMUS Federal Services

Case Number:	CM13-0067349		
Date Assigned:	01/03/2014	Date of Injury:	07/27/2011
Decision Date:	05/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine and is licensed to practice in Calfornia. 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 has submitted a claim for low back pain with an industrial injury date of July 27, 2011. The treatment to date has included medications and physical therapy. A utilization review from December 9, 2013 denied the request for electromyography and nerve conduction velocity studies of the lumbar spine. The rationale for determination was not included in the records for review. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain, 7/10, burning in character. There was no associated numbness or tingling but there was increase in urine frequency to 4-5 times per night. The patient also complained of pain in the cervical spine associated with occasional numbness and tingling, rated 3/10. On physical examination, there was increase in lordosis of the lumbar spine along with pain at L3-S1, bilateral posterior superior iliac spine, and bilateral paravertebral muscle. Cervical spine examination showed loss of lordosis and diffuse tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDIES OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: According to the ACOEM, electromyography (EMG) is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms that lasted more than three to four weeks but are not necessary if radiculopathy is already clinically obvious. In addition, the ACOEM guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. The CA MTUS does not address NCV (nerve conduction velocity) of the lower extremities specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve conduction studies (NCS) was used instead. The ODG states that nerve conduction studies are not recommended when the patient is presumed to have radiculopathy. In this case, there was no discussion regarding the indication for EMG and nerve conduction studies. There was no comprehensive neurological exam to demonstrate evidence of deficits. Furthermore, the medical records did not indicate unequivocal evidence of radiculopathy after one month of conservative treatment. The guidelines have not been met; therefore, the request for electromyography and nerve conduction velocity studies of the lumbar spine is not medically necessary.