

Case Number:	CM13-0068063		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2011
Decision Date:	08/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 Neurologist, and is licensed to practice in Texas, Ohio and 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 injured worker is a 32-year-old female who reported an injury on 08/04/2011. The mechanism of injury was not stated. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, lumbago, and thoracic or lumbosacral neuritis or radiculitis. The injured worker was evaluated on 10/31/2013. The injured worker noted an improvement in symptoms with the current medication regimen. Physical examination on that date revealed tenderness to palpation of the lumbar spine, painful range of motion, diminished strength in the right lower extremity, and diminished sensation in the right lower extremity with positive straight leg raising. Treatment recommendations at that time included authorization for an EMG/NCV study of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK (UPDATED 10/9/13).

MAXIMUS 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, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed diminished strength, decreased sensation, and positive straight leg rising. The injured worker maintains a diagnosis of lumbosacral neuritis or radiculitis. The injured worker has been previously treated with 2 transforaminal epidural steroid injections. As the Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

NVC LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK (UPDATED 10/9/13).

MAXIMUS 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, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed diminished strength, decreased sensation, and positive straight leg rising. The injured worker maintains a diagnosis of lumbosacral neuritis or radiculitis. The injured worker has been previously treated with 2 transforaminal epidural steroid injections. As the Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

EMG RIGHT LOWER EXTREMITY: Upheld

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

MAXIMUS 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, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, and is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination revealed diminished strength, decreased sensation, and positive straight leg rising. The injured worker maintains a diagnosis of lumbosacral neuritis or radiculitis. The injured worker has been previously treated with 2 transforaminal epidural steroid injections. As the Guidelines do not recommend electrodiagnostic studies when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.