

Case Number:	CM13-0068629		
Date Assigned:	06/11/2014	Date of Injury:	08/19/2012
Decision Date:	08/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31 year old patient who sustained a work-related injury on August 19, 2012. He subsequently developed right foot pain. According to a note dated on September 28 2013, the patient was complaining of foot throbbing pain. The patient physical examination demonstrated reduced foot range of motion with positive stress test. No focal neurological findings were reported. The provider reported authorization to perform an EMG/NCV of lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LOWER EXTREMITY EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with low back symptoms, lasting more than three or four weeks (page 303). EMG is

indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is has a high technical ability to identify lower back disc bulging.(page 304). EMG is not recommended if the diagnosis of radiculopathy is obvious clinically. The patient in this case developed right foot pain without signs of peripheral nerve involvement. There is clinical evidence of signs of lumbar radiculopathy, sensory or motor neuropathy. There is no signs of subtle neurologic dysfunction that may be identified by NCV/EMG. Based on the above, the EMG/NCV of both lower extremities is not medically necessary.