

Case Number:	CM13-0069128		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2013
Decision Date:	05/28/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain/strain with radiculopathy associated with an industrial injury date of September 26, 2013. Treatment to date has included oral analgesics, chiropractic treatment, home exercise and activity modification. Medical records from 2013 were reviewed and showed persistent low back pain graded 7/10 with numbness and weakness on the left leg greater than the right. There were complaints of instability and near falls which the patient attributes to worsening of the lower extremity neurologic component. Physical examination showed tenderness over the lumbar spine and limitation of motion. Lower extremity neurologic evaluation demonstrate decreased sensation and absent ankle and knee reflex on the left leg. MRI of the lumbar spine obtained on January 3, 2014 showed a large central disc protrusion at L5-S1 associated with significant central canal stenosis and bilateral foraminal stenosis. Electromyography (EMG)/Nerve Conduction Velocity (NCV) was requested to rule out development of nerve damage provided the profound neurologic encroachment on L5-S1 on MRI. A progress report dated January 6, 2014 recalled failed conservative treatment to date including chiropractic treatment, home exercise and activity modification. The condition is worsening with resultant decline in activity/function. Utilization review dated December 11, 2013 denied the request for EMG/NCV of the bilateral lower extremities because most recent evaluation did not mention motor changes in the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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) Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Velocity (NCV) state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the rationale given for this request is to rule out development of nerve damage provided the profound neurologic encroachment on L5-S1 on MRI. The condition is reported to be worsening with resultant decline in activity/function. This is further supported by objective findings of decreased sensation and absent ankle and knee reflex on the left leg. However, the medical necessity for EMG/NCV has not been established because the patient presents with deliberate signs and symptoms of radiculopathy which makes it not recommended based on the guidelines stated above. Left lumbar radiculopathy is already an established diagnosis for this patient on December 2013 which was supported by MRI findings. There is no indication for this test. Therefore, the request for EMG/NCV testing of bilateral lower extremity is not medically necessary.