

Case Number:	CM13-0069581		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2012
Decision Date:	05/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 37 year old male who reported an injury on 09/11/2012 which occurred by stepping off the truck and twisting his lumbar spine. His symptoms were noted to include persistent low back pain with radiation to both lower extremities. The most recent progress note from 11/08/2013 noted positive straight leg raise tests with pain to the calf, thigh, buttock and bilateral low back pain. Upon examination for deep tendon reflexes, patellar were 1/2+ and Achilles were 2/2+ and were symmetrical bilaterally. His sensation to pinwheel testing was decreased over all the right lower extremity, but most significantly where the maximum area of dullness found was the medial heel and lateral foot. An electromyography and nerve conduction study was completed on 03/14/2013 and showed no electrophysiological evidence of lumbosacral radiculopathy. The most recent progress note on 11/08/2013 revealed positive straight leg raises to bilateral extremities which is consistent with radiculopathy. The progress note on 11/08/2013 showed previous treatment modalities had included physical therapy, home exercises, stretching programs, steroid injections, acupuncture, massage, exercise, heat, ice, cold, and chiropractic care, none of which provided him with significant relief. The injured worker was not a candidate for surgery which was noted in the 11/08/2013 progress note.

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The request for an Electromyography and Nerve Conduction Study is non-certified. The injured worker has undergone conservative therapies to include physical therapy, home exercises, stretching programs, steroid injections, acupuncture, massage, exercise, heat, ice, cold, and chiropractic care, none of which provided him with significant relief. The progress note also showed the injured worker has positive bilateral straight leg raises, as well as sensory and motor deficits. An electromyography and nerve conduction study was previously performed on 03/14/2013 and showed no electrophysiological evidence of lumbosacral radiculopathy. In addition, the injured worker was not shown to be a candidate for surgery. The California MTUS/ACOEM Guidelines recommend electromyography to obtain unequivocal evidence of radiculopathy for patients with subtle neurological deficits. In regard to NCV studies, the Official Disability Guidelines (ODG) states that there is little evidence to justify nerve conduction studies for patients presumed to have symptoms on the basis of radiculopathy. The injured worker was shown to have clinical findings suggestive of radiculopathy; however, as he was shown to have previous EMG/NCV studies on 03/14/2013, documentation would need to show a significant change or progression in his condition and indicate how repeat testing would make a change in his treatment plan in order to warrant repeat testing. In the absence of this information, the request for electromyography and nerve conduction study is not medically necessary.