

Case Number:	CM13-0070079		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2013
Decision Date:	08/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on February 21, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 4, 2013, indicates that there are ongoing complaints of right leg pain with numbness and tingling. The physical examination demonstrated normal lower extremity motor strength and sensation and a positive right-sided straight leg raise test at 60. Diagnostic imaging studies objectified mild diffuse disc bulging at L4 -5 without significant spinal stenosis, as well as facet joint hypertrophy at L2 - 3, L4 - 5, and L5 - S1. An MRI of the knee was normal. There was a diagnosis of lumbar spine radiculitis. Nerve conduction studies were recommended. A request had been made for electordiagnostic studies (EMG and NCV) of the right lower extremity and was not certified in the pre-authorization process on December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Lower Extremity: 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 rationale: According to the American College of Occupational and Environmental Medicine, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the most recent progress note dated October 4, 2013, there is a normal lower extremity neurological examination and there are no findings of nerve root involvement on MRI. For these reasons this request for electromyography (EMG) of the right lower extremity is not medically necessary.

Nerve conduction velocity (NCV) Right Lower Extremity: 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 rationale: According to the American College of Occupational and Environmental Medicine, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the most recent progress note dated October 4, 2013, there is a normal lower extremity neurological examination and there are no findings of nerve root involvement on MRI. For these reasons this request for nerve conduction velocity studies (NCV) of the right lower extremity is not medically necessary.