

Case Number:	CM14-0000801		
Date Assigned:	01/17/2014	Date of Injury:	04/11/2013
Decision Date:	04/22/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, has a subspecialty in Pain Medicine, 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 Physician 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:

This 51 yr. old male claimant sustained a work injury on 4/11/13 involving the low back. He had developed symptomatic instability of the L4-L5 region with persistent sciatica despite undergoing physical therapy and acupuncture. On 12/6/13 the treating physician noted that the claimant had continued low back pain and an epidural injection was denied. He ordered an NCV and EMG of the lower extremities to determine if there is nerve pinching or irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES BETWEEN 12/23/13 AND 2/6/14:
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): 309.

Decision rationale: According to the MTUS guidelines, an EMG is not medically necessary for clinically obvious radiculopathy. There is limited research to support needle EMG for determining nerve root dysfunction. In addition, the request for an EMG is not supported by objective findings.

NCV OF THE 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): 309.

Decision rationale: According to the MTUS guidelines, NCV studies are not specified for low back complaints. In addition, there is no documentation in the chart to specify need for an NCV. As a result, the NCV is not medically necessary.