

Case Number:	CM14-0000891		
Date Assigned:	01/22/2014	Date of Injury:	02/05/2013
Decision Date:	07/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 50-year-old man who sustained a work-related injury on February 5, 2013. He subsequently developed with low back pain and right leg sciatica. According to the note dated on September 13, 2013, the patient has moderate pain in the low back with radiating pain into bilateral gluteal regions, difficulties with prolonged sitting, standing, and repetitive bending. Objectively, he has focal tenderness bilaterally over L4-5 and L5-S1 posterior spinal processes and paravertebral muscles. There are no focal neurological deficits. SLR is negative. According to a note dated on November 9, 2013, the patient low back intensity was 9/10. A lumbar MRI dated on April 3, 2013 showed a mild L5 compression fracture and L5-S1 disc protrusion with moderate bilateral foraminal stenosis. The patient's diagnoses included thoracic spine strain/sprain, lumbar strain/sprain rule out radiculopathy. The patient was treated with pain medications, physical therapy and epidural steroid injection. The provider requested authorization to perform a voltage acuted sensory nerve conduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE ACUTED SENSORY NERVE CONDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to California MTUS guidelines (MTUS page 303-304 from ACOEM guidelines), "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. EMG has excellent ability to identify abnormalities related to disc protrusion." According to California 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 neck or arm symptoms, or both, lasting more than three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain. The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain. The record provided do not clearly identify specific nerve root neurological deficit to necessitate a nerve conduction study. There is no clinical and radiological evidence pointing toward a clear specific nerve root neurological damage. There is no discussion of the diagnostic value of the requested study. Therefore, the request for voltage acuted sensory nerve conduction is not medically necessary.