MAXIMUS Federal Services

Case Number:	CM14-0002968		
Date Assigned:	01/31/2014	Date of Injury:	05/07/2013
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 28 year old female who reported an injury to her low back secondary to a lifting incident. The appeal letter dated 01/06/14 indicates the patient being recommended for an EMG/NCV study of the lower extremities. The note indicates the patient demonstrating strength deficits corresponding to the L5 and S1 distributions. The clinical note dated 12/18/13 indicates the patient complaining of radiating pain from the low back into the left lower extremity. Tingling, numbness, and paresthesia were also identified in the left lower extremity. The previous use of a TENS unit did provide 70% pain relief. The patient rated her pain at that time as 5-6/10. Prolonged standing, bending, and lifting heavy objects all exacerbated her pain. Upon exam, the note indicates the patient having a positive straight leg raise at 50 degrees on the left. Diminished sensation was identified along the medial and lateral aspects of the left leg, calf, and foot. The patient was able to demonstrate 4+/5 strength at the EHL and plantar flexors. The clinical note dated 11/21/13 indicates the patient having undergone 1 physical therapy session to date. There is an indication the patient has returned to work as of 09/27/13. However, the patient stated that the pain was unbearable. The patient stated that she was unable to work secondary to the increased pain. There is an indication the patient has undergone an injection at the low back which did provide some benefit for several weeks. However, the patient reported a return to pain. The note indicates the patient having undergone an MRI of the lumbar spine on 05/24/13 which revealed moderate left foraminal and mild central canal stenosis. The clinical note dated 02/10/14 indicates the patient continuing with a positive straight leg raise at 50 degrees. Strength deficits continued at the left EHL and the plantar flexors. The patient underwent electrodiagnostic studies on 01/17/14 which revealed abnormal findings. A left sided L5 radiculopathy was identified. It appears the patient had undergone chiropractic treatment in the remote past.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEEDLE ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The documentation indicates the patient complaining of low back pain with radiating pain primarily into the left lower extremity. EMG studies are indicated for the lower extremities provided the patient meets specific criteria to include completion of all conservative treatments with ongoing symptoms. There is an indication that the patient has undergone chiropractic therapy in the remote past. Additionally, information was submitted confirming the patient's 1 physical therapy session to date. Given that no information was submitted regarding the patient's recent completion of any conservative treatments addressing the low back complaints, this request is not indicated. Therefore, the request for Needle Electromyography is not medically necessary.

NEEDLE NERVE CONDUCTION VELOCITY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 8, 62-3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCV Studies.

Decision rationale: Currently there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation indicates the patient showing sensation and strength deficits in the left lower extremity. Given the findings confirmed by clinical exam indicating findings of radiculopathy, this request is not indicated. Therefore, the request for Needle Nerve Conduction Velocity is not medically necessary.