

Case Number:	CM14-0003018		
Date Assigned:	01/29/2014	Date of Injury:	08/26/2009
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
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 Physical Medicine & Rehabilitation 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 57 year old male with a reported date of injury on 08/26/2009; the mechanism of injury was not provided. The clinical note dated 12/05/2013 noted that the injured worker had 7-8/10 pain to the lower back that radiated into the right foot accompanied by tingling, numbness, and paresthesia. Objective findings included tenderness and limited range of motion to the lumbar spine. Additional findings included positive seated straight leg raise bilaterally, diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot, and 4+/5 strength to the right extensor hallucis longus and plantar flexors. It was noted that the injured worker had received a prior EMG study of unknown date that confirmed right-sided L5-S1 lumbar radiculopathy. The request for authorization for needle EMG/NCV study of the lower extremities to rule out additional lumbar radiculopathy was submitted on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEEDLE EMG (ELECTROMYOGRAPHY) FOR LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER (LOW BACK COMPLAINTS),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , LOW BACK COMPLAINTS, 303-305

Decision rationale: It was noted that the injured worker had pain to the lower back that radiated into the right foot accompanied by tingling, numbness, and paresthesia. Objective findings included positive seated straight leg raise bilaterally, diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot, and 4+/5 strength to the right extensor hallucis longus and plantar flexors. It was noted that the injured worker had received a prior EMG study of unknown date that confirmed right-sided L5-S1 lumbar radiculopathy. ACOEM guidelines state that electromyography (EMG) can be helpful in identifying neurologic dysfunction in injured workers with low back pain when the neurological examination is unclear. The medical necessity of an EMG has not been established. Based on the documentation provided there would be no benefit gained from an EMG as the injured worker has symptomatology that suggests radiculopathy. Additionally, the injured worker has previously been diagnosed with L5-S1 lumbar radiculopathy secondary to an EMG. As such, this request is not medically necessary.

NEEDLE NCV (NERVE CONDUCTION VELOCITY) FOR LOWER EXTREMITIES:
Upheld

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

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

Decision rationale: It was noted that the injured worker had pain to the lower back that radiated into the right foot accompanied by tingling, numbness, and paresthesia. Objective findings included positive seated straight leg raise bilaterally, diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot, and 4+/5 strength to the right extensor hallucis longus and plantar flexors. It was noted that the injured worker had received a prior EMG study of unknown date that confirmed right-sided L5-S1 lumbar radiculopathy. The Official Disability Guidelines do not recommend nerve conduction studies in the low back as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of evidence to suggest a diagnosis of peripheral neuropathy to warrant the need for an NCV study at this time. As such, this request is not medically necessary.