

Case Number:	CM14-0008656		
Date Assigned:	02/12/2014	Date of Injury:	01/07/2013
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 35-year-old male who was injured on January 9, 2013. On January 6, 2014, the injured worker is documented as returning for reevaluation. The original mechanism of injury is a fall from approximately 10 feet high. The injured worker has complaints of low back pain radiating to the right lower extremity. The examination documents normal sensation in both lower extremities, equivalent strength in both lower extremities with the exception of the right EHL which is rated as 4/5. The clinician notes that a copy of MRI demonstrated bilateral neuroforaminal narrowing at L4-5 at central disc protrusion L5-S1 with palpable mass effect on the bilateral S1 nerve roots. The utilization review in question was rendered on December 31, 2013. The reviewer noncertified the requests for NCV/EMG of both lower extremities. The reviewer noted that a previous MRI had had been performed that demonstrated nerve root compression consistent with the findings on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT LOWER EXTREMITY:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of EMG in the lower extremity to identify subtle focal neurologic dysfunction in individuals with low back symptoms lasting more than 3-4 weeks. Based on clinical documentation provided, an MRI had already been performed and demonstrated compression on the right L5 nerve root consistent with the findings on clinical examination. It is unclear what the EMG would further reveal or how this would change management seeing that a lumbar epidural steroid injection has already been requested. As such, the request is not medically necessary.

EMG OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of EMG in the lower extremity to identify subtle focal neurologic dysfunction in individuals with low back symptoms lasting more than 3-4 weeks. Based on clinical documentation provided, an MRI had already been performed and demonstrated compression on the right L5 nerve root consistent with the findings on clinical examination. It is unclear what the EMG would further reveal or how this would change management seeing that a lumbar epidural steroid injection has already been requested. As such, the request is not medically necessary.

NCV OF THE RIGHT LOWER EXTREMITY: 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 Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

Decision rationale: This topic is not addressed by the Medical Treatment Utilization Review (MTUS) or American College of Occupational and Environmental Medicine (ACOEM). The Official Disability Guidelines (ODG) recommends against the use of nerve conduction studies in the lower extremity based on symptoms of radiculopathy. As such, the request is considered not medically necessary.

NCV OF THE LEFT LOWER EXTREMITY: 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 Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

Decision rationale: This topic is not addressed by the Medical Treatment Utilization Review (MTUS) or American College of Occupational and Environmental Medicine (ACOEM). The Official Disability Guidelines (ODG) recommends against the use of nerve conduction studies in the lower extremity based on symptoms of radiculopathy. As such, the request is considered not medically necessary.