

Case Number:	CM14-0009961		
Date Assigned:	02/21/2014	Date of Injury:	10/30/2012
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 41-year-old male with an injury date of 10/30/12. Based on the 11/13/13 progress report provided by [REDACTED], the patient complains of low back pain. The patient is diagnosed with lumbar radiculitis with 4-5 mm bulging disc L4-5 and L5-S1. [REDACTED] is requesting an electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities. The utilization review determination being challenged is dated 12/03/13. The rationale is that there is no accompanying exam to go with this request nor is there any information provided as to why this is necessary. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/13- 01/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Overtured

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): 303.

Decision rationale: According to the 11/13/13 report by the treating physician, the patient presents with lumbar radiculitis with 4-5 mm bulging disc L4-5 and L5-S1. The request is for an electromyography (EMG) of the bilateral lower extremities. Review of the available reports do not show evidence of a prior EMG. The MTUS/ACOEM Guidelines indicate that "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has mentioned persistent pain in the low back in every progress report since 01/03/13, lasting more than three to four (3 to 4) weeks. An EMG may help uncover focal neurologic deficit. The request is medically necessary.

NERVE CONDUCTION VELOCITY (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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Nerve conduction studies

Decision rationale: According to the 11/13/13 report by the treating physician, the patient presents with lumbar radiculitis with 4-5 mm bulging disc L4-5 and L5-S1. The request is for a nerve conduction velocity (NCV) of the bilateral lower extremities. Review of the available reports do not show evidence of a prior NCV. The Official Disability Guidelines do not support NCV studies when the leg symptoms are presumed to be coming from the lumbar spine. In this case, the treater does not raise any concerns regarding the patient's leg symptoms other than due to the patient's lumbar spine. In this situation, NCV studies are not recommended according to the guidelines. The request is not medically necessary.