

Case Number:	CM14-0107596		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2014
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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, 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 51-year-old male with date of injury of 02/18/2014. The listed diagnoses per Dr. Craig Humes dated 05/30/2014 are: 1.Thoracic or lumbosacral neuritis or radiculitis, 2.Headache. 3.Sleep disturbance. According to this report, the patient complains of lower back pain. The patient rates the pain 9/10. The pain is characterized as dull, aching, and sharp that radiates to the left leg. He states that medications are helping. With his current medication regimen, his pain symptoms are adequately managed. The physical examination shows the patient gait is normal. Range of motion in the lumbar spine is restricted with flexion limited to 15 degrees limited by pain and extension limited to 5 degrees limited by pain. Paravertebral muscles are normal. Spinous process tenderness is noted on L4 and L5. Straight leg raising test is positive on both sides at 60 degrees in sitting position. Motor testing is limited by pain. Motor strength of the knee flexor is 5/5 on the right and 4/5 on the left. Sensory examination is intact. The utilization review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE LEFT LOWER EXTREMITY, AS AN OUTPATIENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2, Summary of Recommendations.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV often had low combined sensitivity and specificity in confirming root injury. The records do not show any recent or previous EMG/NCV. Given the patient's moderately severe low back pain with numbness and tingling radiating into the lower extremities, an EMG/NCV is indicated per ACOEM Guidelines. The request is medically necessary.