

Case Number:	CM14-0012795		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2004
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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:

This is a 56-year-old male with a 6/3/04 date of injury to his low back after pulling a body out of a loading dock. He has complaints of ongoing low back pain with radiculopathy and MRI evidence of L4/5 nerve root abutment. The patient was seen on 1/10/14 after his foot gave out on him again. He went to the ER and was discharged the same day. is on Valium, Lyrica, Zanaflex, Norflex, and Prilosec. Exam findings revealed mild sternal tenderness and lumbosacral tenderness. No neurological deficits were noted. EMG/NCV 2009: normal. Treatment to date: lumbar epidurals injection, medications, TENS unit. The UR decision dated 6/3/04 denied the request given there were no new objective findings since the patient's prior EMG/NCV to warrant another EMG/NCV and motor and sensory examinations were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMGs (electromyography).

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

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient had a negative electrodiagnostic study in 2009, and no focal neurological deficits were recently observed. The rationale for this test is unclear. Therefore, the request for an EMG (electromyography) of the left lower extremity is not medically necessary.

NERVE CONDUCTION STUDIES (NCS) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

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

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states stat EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS (nerve conduction studies) are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The patient had a negative electrodiagnostic study in 2009, and no focal neurological deficits were recently observed. The rationale for this test is unclear. Therefore, the request for a nerve conduction study (NCS) of the left lower extremity is not medically necessary.