MAXIMUS Federal Services

Case Number:	CM14-0014988		
Date Assigned:	02/28/2014	Date of Injury:	05/11/2011
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 claimant is a 60-year-old female who was injured on May 11, 2011. The most recent progress note provided for review is dated January 20, 2014. The claimant is noted to have continued low back pain described as dull, and intermittent. It is noted that pain is rated as 3/10, and the pain is present. The pain is described as shooting down the right leg and into the right foot. Medications are documented as including Norco, Naproxen, Gabapentin, Zyrtec, Estrogen, and Prometrium oral. The examination documents tenderness to palpation to the lower lumbar paraspinous muscles bilaterally. The neurological exam documents diminished sensation on the left in the L5 and S1 dermatomes. Current diagnoses are lumbar care disc disease, and radiculitis. An MRI of the lumbar spine was performed on September 13, 2013, which revealed mild left-sided foraminal narrowing at L3-4 and L5-S1. There was mild right-sided foraminal narrowing at L4-5. No central canal stenosis with document. Other previous conservative measures include two lumbar epidural steroid injections.The utilization review in question was rendered on January 22, 2014. The Claims Administrator denied the request for an electrodiagnostic study (EMG/NCS) of both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM guidelines support the use of electromyogram studies (EMG) in the lower extremities to identify subtle focal neurologic findings. Based on the clinical documentation provided, the clinician specifically identified diminished sensation in an L5 and S1 distribution in the left lower extremity. The MTUS/ACOEM guidelines notes that when specific nerve compromise on neurologic examination is identified this is sufficient to warrant advanced imaging. With this in mind an MRI has already been performed. The Official Disability Guidelines (ODG) recommends against the use of nerve conduction studies for lower extremities, but indicates that electromyogram (EMG) may be indicated for individuals with radicular symptoms. Based on the clinical documentation provided, there is no indication given for deviation from the guidelines. As such, the requests for an EMG/NCS of the bilateral lower extremities are not medically necessary and appropriate.