

Case Number:	CM14-0016181		
Date Assigned:	04/14/2014	Date of Injury:	09/06/2000
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 09/06/2000. The mechanism of injury was the injured worker was working on an assembly line when she was injured in a fall tripping on a peach pit. The injured worker fell down 2 steps and fractured her right foot. The injured worker was noted to be treated with chiropractic treatments, physical therapy, and an epidural steroid injection. The physical examination revealed the injured worker had bilateral EHL weakness of 4/5. She had decreased sensation to light touch in the right medial calf and anterior thigh and a positive slumps test on the right. The diagnoses included right L4 versus L5 radiculopathy, axial low back pain, chronic pain syndrome, and lumbar facet pain. The plan/treatment included an EMG/NCV of the bilateral lower extremities, medications, consideration of injection therapies and medication management, and a follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE BILATERAL LOWER LIMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to indicate if the injured worker had a change in symptomatology and objective findings as there was 1 note submitted for review dated 01/13/2014. There was no prior testing submitted for review. There was lack of documentation indicating necessity for both a nerve conduction study and an EMG. Given the above, the request for NCV of the bilateral lower limbs is not medically necessary.

EMG OF THE BILATERAL LOWER LIMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM guideline states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated objective findings upon physical examination to support an EMG. However, there was lack of documentation indicating whether the injured worker's symptoms and objective findings were new. There was no other documentation submitted prior to 01/13/2014. There was no other testing submitted to indicate whether the injured worker had previously had an EMG of the bilateral lower extremities. Given the above, the request for EMG of the bilateral lower limbs is not medically necessary.