

Case Number:	CM14-0018800		
Date Assigned:	04/18/2014	Date of Injury:	10/13/2013
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Pain Management 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 57-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of October 13, 2013. Medical records from 2013 were reviewed. The patient complained of continuous lower back pain that was aggravated by prolonged standing, walking, and sitting. Physical examination showed lumbar paravertebral muscle tenderness and spasm, restricted ROM, and positive sitting SLR bilaterally. There were no reports of previous treatment for the current condition. Utilization review from January 21, 2014 denied the request for EMG/NCV of bilateral lower extremities because the reported reduced sensation to L5 dermatome was noted without reflex or motor change to support evidence of radiculopathy. There were no defined evidences of peripheral neuropathy or presenting diagnosis of specific radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with continuous lower back pain; there were no reports of symptoms of possible neuropathy. Physical examination findings are not consistent with neuropathy. Therefore, the request for NCV of right lower extremity is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with continuous lower back pain; there were no reports of symptoms of possible neuropathy. Physical examination findings are not consistent with neuropathy. Therefore, the request for NCV of left lower extremity is not medically necessary.

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with continuous lower back pain; there were reports of aggravated pain when bending the trunk and positive SLR bilaterally. However, there were no reports of symptoms of possible radiculopathy. In addition, there were no previous conservative treatment

modalities attempted in this case. Therefore, the request for EMG of left lower extremity is not medically necessary.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with continuous lower back pain; there were reports of aggravated pain when bending the trunk and positive SLR bilaterally. However, there were no reports of symptoms of possible radiculopathy. In addition, there were no previous conservative treatment modalities attempted in this case. Therefore, the request for EMG of right lower extremity is not medically necessary.