MAXIMUS Federal Services

Case Number:	CM14-0110179		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2010
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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, 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 injured worker is a 49-year-old female who reported an injury of an unknown mechanism on 10/05/2010. On 05/08/2014, her diagnoses included lumbar spine sprain/strain with left lower extremity radiculopathy, right shoulder sprain/strain, left knee sprain/strain, and gastrointestinal symptoms. On 02/21/2013, an EMG/NCV of the lower extremities was requested. On 04/18/2013, the same electrodiagnostic test was requested a second time. Her complaints included frequent slight to intermittent moderate pain and soreness of the low back radiating to her left hip, left buttock, and left lower extremity. Upon examination, it was noted that this worker stood erect with normal posture and normal lumbar lordosis. Her hips and pelvis were level. There was tenderness to palpation around the lumbar paravertebral muscles, spinal processes, and sacroiliac joints. There was left-sided paravertebral muscle guarding. Her lumbar spine ranges of motion measured in degrees were flexion 21/60, extension 11/25, left and right lateral bending were at 23 and 14/25 respectively. The treatment plan included a request for chiropractic therapy and a third request for the EMG/NCV of the lumbar spine and bilateral lower extremities. There was no rationale included in this injured worker's chart for this request. A Request for Authorization dated 06/04/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

Decision rationale: The request for EMG/NCS bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend that assessment of patients should include general observations, including changes in position, stance, and gait, a regional examination of the spine, neurologic examination, testing for nerve root tension, and monitoring pain behavior during range of motion as a clue to the origin of the problem. The guidelines further recommend the importance of determining whether or not there is nerve root compromise. Needle, not surface, electromyography is acceptable, but a positive diagnosis of radiculopathy requires the identification of neurogenic abnormalities in 2 or more muscles that share the same nerve root innervation but differ in their peripheral nerve root supply. The guidelines further recommend that electrodiagnostic studies are not recommended for patients with acute, subacute, or chronic back pain who do not have significant lower extremity pain or numbness. Although this worker did have a diagnosis of left lower extremity radiculopathy based on x-ray findings, the results of the MRI of the lumbar spine were not available for review. The only documentation submitted regarding her lower extremities referred only to her left lower extremity. There was no rationale to request an EMG/NCS of the bilateral lower extremities. Therefore, this request for EMG/NCS of the bilateral lower extremities is not medically necessary.