

Case Number:	CM14-0111339		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2013
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 30 year old male with a date of injury on 7/16/2013. The patient is status post left L4-5 microdiscectomy on 8/16/2013. Subjective complaints are of lumbar spine pain, and intermittent neck pain. Physical exam shows midline tenderness of the lumbar spine, and positive straight leg raise test. There was also medial joint line tenderness of the left ankle, and mild effusion in the right knee. There is decreased sensation over the dorsum of the left foot. Medications include Anaprox, Omeprazole, and Tylenol #3.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: CA MTUS suggests that "MG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG recommends that "EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if

radiculopathy is already clinically obvious." The ODG does not recommend "NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option." For this patient, lumbar radicular signs are present, but patient also has sensory foot abnormalities that could be due to peripheral nerve compression pathologies. Lower extremity electrodiagnostic studies could help determine the etiology of the pathology. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.

Electromyography (EMG) right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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) LOW BACK, ELECTRODIAGNOSTIC STUDIES

Decision rationale: CA MTUS suggests that "MG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG recommends that "EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The ODG does not recommend "NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option." For this patient, lumbar radicular signs are present, but patient also has sensory foot abnormalities that could be due to peripheral nerve compression pathologies. Lower extremity electrodiagnostic studies could help determine the etiology of the pathology. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.

Nerve Conduction Velocity (NCV) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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) LOW BACK, ELECTRODIAGNOSTIC STUDIES

Decision rationale: CA MTUS suggests that "MG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG recommends that "EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The ODG does not recommend "NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option." For this patient, lumbar radicular signs are present, but patient also has sensory foot abnormalities that could be due to peripheral

nerve compression pathologies. Lower extremity electrodiagnostic studies could help determine the etiology of the pathology. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.

Nerve Conduction Velocity (NCV) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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) LOW BACK, ELECTRODIAGNOSTIC STUDIES

Decision rationale: CA MTUS suggests that "MG/NCS may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG recommends that "EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The ODG does not recommend "NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option." For this patient, lumbar radicular signs are present, but patient also has sensory foot abnormalities that could be due to peripheral nerve compression pathologies. Lower extremity electrodiagnostic studies could help determine the etiology of the pathology. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.