

Case Number:	CM14-0123203		
Date Assigned:	08/08/2014	Date of Injury:	07/22/2012
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 35-year-old female who has submitted a claim for lumbosacral sprain-radiculopathy associated with an industrial injury date of July 22, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of ongoing mechanical back pain, mainly to the right, reportedly alleviated with narcotics and NSAIDS. Patient also experienced numbness and tingling. Examination revealed bilateral Achilles DTR decrease and rather diffuse right leg weakness with positive SLR bilaterally and right leg S1 numbness. CT scan of the low back that is undated described an L5-1 bulge. Treatment to date has included medications such as narcotics and NSAIDS. Utilization review from July 17, 2014 denied the request for Electromyography bilateral lower extremities and Nerve Conduction Velocity studies bilateral lower extremities. The reason for denial was not provided in the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with clear and not subtle signs and symptoms of a lumbar radiculopathy including pain that was associated with numbness and tingling as well as depressed DTRS, muscle weakness, numbness and a positive SLR. An EMG will not contribute further to the management of the patient. Therefore, the request for EMG bilateral lower extremities is not medically indicated.

Nerve Conduction Velocity studies bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. In this case, the patient presented with clear signs and symptoms of a lumbar radiculopathy including pain that was associated with numbness and tingling as well as depressed DTRS, muscle weakness, numbness and a positive SLR. NCS will unlikely change the management of the patient anymore. Therefore, the request for NCV Bilateral Lower Extremities is not medically necessary.