

Case Number:	CM14-0132867		
Date Assigned:	08/22/2014	Date of Injury:	01/01/2013
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 44 year old female with a work related injury on 1-1-13. There was an office visit on 7-24-14 which notes that the claimant continues with low back pain and hip discomfort. She underwent an injection in her hip and lumbar spine and neither provided any lasting improvement. On exam, the claimant uses a single point cane. She has weakness through her right lower extremity. A hip exam was deferred. The claimant was provided a diagnosis of lumbar spondylosis and labral tear. On 8-28-14, the claimant was referred for an Electromyography/ Nerve Conduction Study (EMG/NCS) to rule out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Lower Extremity: 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 Official Disability Guidelines (ODG) Lumbar spine - EMG.

Decision rationale: Official Disability Guidelines reflect that "EMGs

(electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." This claimant has been provided with a diagnosis of lumbar radiculopathy. She has right lower extremity weakness. She has an MRI that shows a focal central disc protrusion/extrusion at L5-S1 that displaces the traversing right S1 nerve root. Based on the records provided, the request for EMG is not necessary due to the radiculopathy that is clinically obvious. Therefore, the medical necessity of this request is not established.

Nerve conduction velocity (NCV) Right Lower Extremity: 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 Official Disability Guidelines (ODG) Pain Chapter - NCS.

Decision rationale: Official Disability Guidelines reflects that "Nerve Conduction Studies (NCVs) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." This claimant has been provided with a diagnosis of lumbar radiculopathy. She has right lower extremity weakness. She has an MRI that shows a focal central disc protrusion/extrusion at L5-S1 that displaces the traversing right S1 nerve root. Based on the records provided, the request for NCS is not necessary due to the radiculopathy that is clinically obvious.