

Case Number:	CM14-0138534		
Date Assigned:	09/05/2014	Date of Injury:	01/04/2014
Decision Date:	09/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/27/2014

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 Practice 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:

This case involves a 54 year old female who sustained a work injury on 1/4/14 involving the low back. She was diagnosed with lumbar disc hypertrophy, lumbar facet syndrome, cervical strain and right-sided radiculitis. An MRI confirmed L1-S1 lumbar disc bulging with facet hypertrophy. A progress note dated 7/22/14, indicated the claimant had 5/10 back pain. Her lumbar spine range of motion was restricted and there was diminished sensation in the right medial and lateral leg. The treating physician requested a needle EMG/NCV study of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle Electromyography of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for clinically obvious radiculopathy. In this case, the claimant had an abnormal MRI that was

consistent with physical findings. As a result, the EMG does not offer any additional diagnostic value and is not medically necessary.

Needle Nerve Conduction Velocity of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NCV testing.

Decision rationale: According to the ACOEM and Official Disability Guidelines (ODG), an NCV is not recommended for clinically obvious radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the claimant had an abnormal MRI that was consistent with physical findings. As a result, the NCV does not offer any additional diagnostic value and is not medically necessary.