MAXIMUS Federal Services

Case Number:	CM14-0140668		
Date Assigned:	09/10/2014	Date of Injury:	03/15/2013
Decision Date:	11/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine 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 is a 70 year-old male who has reported low back pain after an injury on 3/15/13. He has been diagnosed with a lumbosacral strain. Treatment has included medications, a lumbar brace, and physical therapy. None of the initial or more recent reports show any specific signs of radiculopathy. Per the PR2 of 7/7/14, there was back pain, "no neuro changes", tenderness, and trouble sleeping. There was no mention of electrodiagnostic testing. The Request for Authorization of "4/11/14-8/5/14" was for physical therapy, "neuro eval", and EMG/NCS. The PR2 of 8/13/14 briefly mentions ongoing back pain, no clinical changes, and does not mention electrodiagnostic testing or any signs of radiculopathy. On 8/13/14 Utilization Review certified a course of the physical therapy for the low back and a neurology consultation. Utilization Review non-certified electrodiagnostic testing of the lower extremities, noting the lack of compliance with the cited guidelines and the lack of imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyography of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 710.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Other Medical Treatment Guideline

or Medical Evidence: ACOEM Guidelines, Low Back Update, 4/7/08, pg. 62: Electrodiagnostic studies

Decision rationale: The MTUS, cited above, recommends an EMG for persistent signs and symptoms suggestive of radiculopathy. The updated ACOEM guidelines, cited above, recommend an EMG when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. An EMG is not recommended for spine pain without specific evidence of radiculopathy. There is an absence of evidence for any radiculopathy in this case. Therefore, the EMG portion of the EMG/NCV is not medically necessary.

Nerve Conduction Study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 710.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - NCS

Decision rationale: As discussed above, an EMG is the indicated test for the diagnosis of radiculopathy, and the treating physician has not provided the necessary clinical findings to support the medical necessity for an EMG. Likewise, the treating physician has not provided any findings to support the presence of a peripheral neuropathy. The NCV is a test for peripheral neuropathy, not radiculopathy. The MTUS, cited above, recommends an EMG for persistent signs and symptoms suggestive of radiculopathy, not an NCV. The Official Disability Guidelines, cited above, notes that an NCV is not recommended to demonstrate radiculopathy, and that there is minimal justification for performing nerve conduction studies for symptoms reflective of radiculopathy. Therefore, the NCV portion of the EMG/NCV is not medically necessary.