

Case Number:	CM14-0156076		
Date Assigned:	09/25/2014	Date of Injury:	02/17/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 38 year old man with a date of injury of 2/17/12. He was seen on 7/29/14 for an agreed medical exam. He complained of severe back pain which radiated to his leg, knee and ankle. He had reduced thoracolumbar range of motion and tenderness at L4-5 and L5-S1, left worse than right. Straight leg raised were negative and strength and reflexes in the lower extremities were normal. An MRI from 2012 showed disc bulge at L3-4 and minimal neural foraminal stenosis at L5-S1. His diagnosis was chronic lower back pain with radicular symptoms left lower extremity status post mechanical fall in 2/12. The physician noted that 'no significant clinical radiculopathy was noted on the clinical exam'. At issue in this review is the request for bilateral lower extremity EMG and NCV studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography of The Bilateral Lower Extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI showing only minimal foraminal stenosis at L5-S1 but no clinical evidence on physical exam of radiculopathy. There are also no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an electromyography of the bilateral lower extremities.

1 Nerve Conduction Velocity of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI showing only minimal foraminal stenosis at L5-S1 but no clinical evidence on physical exam of radiculopathy. There are also no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for a nerve conduction velocity of the bilateral lower extremities.