

Case Number:	CM14-0158857		
Date Assigned:	10/02/2014	Date of Injury:	09/15/2005
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Ohio. 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 57-year-old male with a date of injury of September 15, 2005. The actual mechanism of injury is not known but apparently he sustained injuries to his lower back and has had chronic headaches, dizziness, and neck pain. Several progress notes were reviewed, primarily from neurology. The neurologist states that the straight leg raise testing is "negative and that evidence for peripheral neuropathy in the lower extremities was lacking." A note from the treating physician, who does not appear to be the neurologist, from 9-24-2014 stated that the subjective complaint was "increased bilateral lower extremity symptoms to include numbness and tingling." A physical examination was not performed that day. At the conclusion of the note is a request for a lower extremity electromyogram and nerve conduction velocity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of 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, Electromyography (EMG); Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, NCV and EMG studies.

Decision rationale: Per the ODG, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Electromyogram testing of the lower extremities 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. In this instance, the sole note provided describing lower extremity symptoms does not include a physical exam detailing lower extremity neurologic findings. There is nothing to suggest radiculopathy apart from one note describing subjective complaints. There is no documentation of conservative treatment for a potential lower extremity radiculopathy in the reviewed records. A note from neurology described a normal straight leg raise exam and no evidence of a peripheral neuropathy in the lower extremities. After a review of submitted records and in the context of the above guidelines, the request for EMG/NCV of bilateral lower extremities is not medically necessary.