

Case Number:	CM14-0159532		
Date Assigned:	10/03/2014	Date of Injury:	04/23/2012
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old male with a date of injury on 4/23/2012. Subjective complaints are of low back pain, with groin pain, and with some radicular pain in the legs. Pain is rated at 5/10. Physical exam shows normal sensation and strength, except for mild decreased strength with hip flexion due to pain, and equivocal straight leg raise tests. Pain had received acupuncture, which did not help, and is currently not on any medications. Lumbar magnetic resonance imaging (MRI) showed L2-L3 tiny right foraminal protrusion, and L4-5 minimal inferior extrusion and mild foraminal narrowing.

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 extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG/NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, EMG

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) suggests that Electromyography (EMG)/ Nerve Conduction Velocity (NCV) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG does not recommend NCS due to minimal justification for performing Nerve Conduction Studies (NCS) when a patient is presumed to have symptoms of radiculopathy, rather EMG is recommended as an option. For this patient, lumbar subjective radicular symptoms are present, but there are not clear objective signs on physical exam. Lower extremity electrodiagnostic could help determine the etiology of the subtle symptoms and groin pain that the patient is experiencing. Therefore, the requests for bilateral lower extremity electrodiagnostic studies are medically necessary.