

Case Number:	CM14-0169139		
Date Assigned:	10/17/2014	Date of Injury:	10/27/2010
Decision Date:	11/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 Emergency 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:

Patient with reported date of injury on 10/27/2010. Mechanism of injury is described as occurring while pushing a heavy load injuring back. Patient has a diagnosis of lumbar sprain, herniated nucleus pulposus, post L4-5 laminotomy/partial medial facetectomy/foraminotomy on 5/9/12 and is post anterior lumbar fusion on 9/17/13. Medical reports reviewed. Last report available until 11/3/14. Recent notes are very brief and provide very little information. It merely states low back pain, 6/10. L leg numbness. Objective exam only notes CT findings. Last full report from treating physician is from 6/9/14. It states that patient has low back pain of 8/10. Patient has reportedly completed physical therapy, injections and surgery. Objective exam reveals normal gait, tenderness to lumbar spine with positive guarding and muscle spasms. Noted negative straight leg raise and Patrick-Faber's test. Range of motion is severely decreased. Strength is normal. Sensation was intact. There is no documentation as to why EMG/NCV was ordered. CT of lumbar spine (4/16/14) revealed post-surgical changes, L4-5 severe bilateral neuroforaminal narrowing without central canal stenosis. Ligamentum hypertrophy and posterior osteophyte complex. L5-S1 was noted bilateral neuroforaminal stenosis and diffuse calcified disc bulge with no stenosis. Patient has had reportedly completed physical therapy with mild benefits and lumbar epidural injections, prior back surgery without any improvement. Independent Medical Review is for EMG/NCV of bilateral lower extremities. Prior UR on 9/15/14 recommended modification to EMG only.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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 (ODG), Low Back Chapter, EMG, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: EMG(Electromyography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There is no motor or sensory dysfunction noted except for a single brief mention of L4-5 sensory deficit. There is no rationale as to why EMG is needed or how it would change management of illness. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.