

Case Number:	CM14-0175385		
Date Assigned:	10/28/2014	Date of Injury:	11/22/2013
Decision Date:	12/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 45 year old male who sustained an industrial injury on 11/22/13 while loading empty pallets into a trailer. He was being treated for lumbar sprain. An MRI of lumbar spine on 1/24/14 revealed 3mmdisc bulge at L2-3 with left foraminal stenosis. His treatments have included activity modification, medications, Chiropractic and physical therapies. His clinical note from 08/28/14 was reviewed. His symptoms included back pain in left lower back, radiating to the left thigh laterally and then to the big toe. The pain was worse with bending, 6-8/10 and associated with tingling and numbness. Pertinent examination findings included tenderness to palpation about the left lumbar paravertebral muscles and left SI joint, pain reproduced with toe walking, limited range of motion of the spine, normal deep tendon reflexes, normal sensation, normal motor strength and positive straight leg raising test on the left in the sitting position. Pertinent diagnoses included lumbosacral sprain/strain with left sciatica and MRI lumbar spine showing disc bulge with left foraminal stenosis. The medications included Naproxen and Omeprazole. The request was for bilateral lower extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/Nerve Conduction Study for Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 complaints, Electrodiagnostic studies

Decision rationale: According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records had normal reflexes and normal lower extremity sensory and motor examination. The request was for combined EMG/NCV. The employee had pain in lower back radiating to left lower extremity with positive straight leg raising test on that side. There was no other examination abnormality in neurological examination and he had no symptoms on right side. Given the absence of focal motor or sensory deficits, the request doesn't meet guideline recommendation for NCV or EMG. Hence the request for EMG and NCS of bilateral lower extremities is not medically necessary or appropriate.