

Case Number:	CM14-0176974		
Date Assigned:	10/30/2014	Date of Injury:	01/09/2012
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/25/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 32-year-old male who reported an injury on 01/09/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included L5 on S1 spondylosis/spondylolisthesis, severe head trauma, L4-5 and L5-S1 annular disc tear, right lumbar radiculitis, chronic pain syndrome, post-traumatic stress syndrome, and major depressive disorder. The previous treatments included medication, chiropractic 19 sessions, surgery of the left hand, and trigger point injections. Diagnostic testing included an MRI dated 10/21/2013. Within the clinical note dated 09/05/2014, it was reported the injured worker complains of constant sharp pain. The injured worker complains of lumbar spine pain rated 9/10 in severity. He complained of increased low back pain. The injured worker complained of right leg weakness. The physical examination was not submitted for clinical review. The provider requested an EMG/NCV of the lumbar spine and an EMG/NCV of the bilateral lower extremities for increased numbness and tingling to the bilateral legs, increased weakness to the right leg, and to rule out neuropathy versus radiculopathy. The Request for Authorization was submitted and dated 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/Nerve Conduction of the lumbar spine: Upheld

Claims Administrator 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Velocity.

Decision rationale: The request for EMG/Nerve Conduction of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines note an EMG study is useful to assist with identification of neurological dysfunction in patients with low back symptoms when examination findings are unclear. The guidelines recommend the failure of conservative therapy for at least 4 weeks to 6 weeks. In regards to the nerve conduction study, the Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted failed to indicate the injured worker had significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Additionally, the provider failed to document an adequate and complete physical examination warranting the medical necessity for the request. Therefore, the request is not medically necessary.

EMG/Nerve Conduction of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Velocity.

Decision rationale: The request for EMG/Nerve Conduction of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines note an EMG study is useful to assist with identification of neurological dysfunction in patients with low back symptoms when examination findings are unclear. The guidelines recommend the failure of conservative therapy for at least 4 weeks to 6 weeks. In regards to the nerve conduction study, the Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted failed to indicate the injured worker had significant neurological deficits such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Additionally, the provider failed to document an adequate and complete physical examination warranting the medical necessity for the request. Therefore, the request is not medically necessary.

