

Case Number:	CM14-0177084		
Date Assigned:	10/28/2014	Date of Injury:	11/18/2011
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

According to the records made available for review, this is a 52-year-old male with an 11/18/11 date of injury. At the time (9/24/14) of request for authorization for EMG/NCV bilateral lower extremity, there is documentation of subjective (constant low back pain, pain rated 2/10; numbness on left foot) and objective (decreased lumbar spine range of motion) findings. The current diagnoses are lumbar disc with radiculopathy, lumbar sprain/strain, lumbar spine displaced without radiculopathy, and lumbar radiculopathy. The treatment to date includes acupuncture, physical therapy, epidural steroid injections, medications, and activity modification. There is no documentation of focal neurologic dysfunction and a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, Official Disability Guidelines does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc with radiculopathy, lumbar sprain/strain, lumbar spine displaced without radiculopathy, and lumbar radiculopathy. In addition, there is documentation of conservative treatment. However, there is no documentation of focal neurologic dysfunction. In addition, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV bilateral lower extremity is not medically necessary.