

Case Number:	CM14-0182642		
Date Assigned:	11/07/2014	Date of Injury:	07/29/2009
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Pain 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:

The injured worker is a 54-year-old male with an original date of injury of July 29, 2009. The injury occurred in the context of manipulating a bad and the injured worker develop chronic low back pain. There is a history of lumbar laminectomy and fusion at the L4 through S1 levels. Postoperatively, the injured worker completed rehabilitation. The injured worker in recent progress notes as documented on October 16, 2014 continues with low back pain which radiates down the left lower extremity. There is some associated subjective weakness. The disputed request is for an EMG and NCS of the bilateral lower extremities. A utilization review determination on October 29, 2014 had noncertified this disputed request. The stated rationale was that it is "not clear if there have been objective clinical status changes that would require these studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) Bilateral Lower Extremities:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The request is for Electromyography/Nerve Conduction Velocity (EMG/NCV) Bilateral Lower Extremities to evaluate for lumbar radiculopathy. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." In the case of this injured worker, there is documentation of an acute change in lumbar spine pathology. A progress note on date of service October 16, 2014 documents that the injured worker subjectively feels as though he is stumbling and describes weakness. Physical examination documents left hip flexor and knee flexor weakness. This is in contrast with a progress note on date of service September 24, 2014 in which subjectively there was documentation of low back pain, but no leg pain or symptoms. Another progress note on September 5, 2014 notes only occasional shooting pain down the left leg, but does not describe outright weakness. Given the documentation of a change and motor weakness on examination, electrodiagnostic studies are appropriate. The request for Electromyography/Nerve Conduction Velocity (EMG/NCV) Bilateral Lower Extremities is medically necessary.