

Case Number:	CM14-0025329		
Date Assigned:	06/11/2014	Date of Injury:	11/03/2013
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 48-year-old female who reported an injury on 11/03/2013. The mechanism of injury reportedly occurred when she slipped on lettuce and fell backwards. The clinical note from 12/04/2013 starting on page 26 noted weakness, decreased reflexes at the ankles, and decreased sensation in the L5 and S1 dermatomes. The clinical note dated 01/08/2014 noted the injured worker presented with complaints of neck, left shoulder, left elbow, mid-back, and low back pain. Upon examination of the lumbar spine, there was tenderness over the paraspinal musculature. Lumbar spine range of motion was noted as 50 degrees of flexion, 20 degrees of extension, and 30 degrees of bending bilaterally. There was a positive straight leg raise and decreased lordosis. Lasgue's was equivocal bilaterally. Prior therapy included 6 sessions of physical therapy, modified work duties, and medications. The diagnoses included lumbar spine sprain/strain, mid-back strain/sprain, symptoms of anxiety and depression, and gastritis, NSAID-related. The provider recommended electromyography and a nerve conduction studies for the bilateral lower extremities. The provider noted it was to establish the presence of radiculitis/neuropathy. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: The request for electromyography (EMG) of the left lower extremity is not medically necessary. The California MTUS/ACOEM guidelines state that EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines further state, EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The included medical documentation noted a positive straight leg raise, tenderness to palpation, and equivocal Lasgue's bilaterally. The documentation note weakness, decreased reflexes at the ankles, and decreased sensation in the L5 and S1 dermatomes. The guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy. However, the injured worker's examination revealed focal neurological deficits which would not support the necessity of the requesting testing. As such, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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, Nerve Conduction Studies (NCS).

Decision rationale: The request for a nerve conduction velocity of the right lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions. There is minimal justification to perform nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As the guidelines do not recommend nerve conduction studies for low back conditions, the request for an NCV of the right lower extremity would not be supported. As such, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

Decision rationale: The request for electromyography (EMG) of the right lower extremity is not medically necessary. The California MTUS/ACOEM guidelines state that EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines further state, EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The included medical documentation noted a positive straight leg raise, tenderness to palpation, and equivocal Lasgue's bilaterally. The documentation note weakness, decreased reflexes at the ankles, and decreased sensation in the L5 and S1 dermatomes. The guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy; however, the injured worker's examination revealed focal neurological deficits which would not support the necessity of the requesting testing. As such, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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, Nerve Conduction Studies (NCS).

Decision rationale: The request for a nerve conduction velocity of the left lower extremity is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions. There is minimal justification to perform nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. As the guidelines do not recommend nerve conduction studies for low back conditions, the request for an NCV of the left lower extremity is not supported. As such, the request is not medically necessary.