

Case Number:	CM14-0025669		
Date Assigned:	06/13/2014	Date of Injury:	10/01/2007
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female with a reported injury on 10/01/2007. The mechanism of injury is noted as a lifting injury. The clinical note dated 01/06/2014 reported that the injured worker complained of bilateral lower back pain with radiation to the back of her left leg. The physical examination was negative for any significant abnormalities. The neurological examination revealed strength of 5/5 in all planes. The injured worker's prescribed medication list included Cymbalta, Lexapro, Lunesta, Lidoderm patch, Lyrica, and Ultram. The injured worker's diagnoses included depression, insomnia, chronic low back pain with left lower extremity radiation and lumbar Discograms in 01/2012. The provider requested a bilateral lower extremity EMG/NCV. The rationale for the EMG/NCV study was not provided in the clinical notes. The request for authorization was submitted on 02/26/2014. The injured worker's prior treatments included epidural steroid injections in 05/2011 and 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chapter: Pain, electrodiagnostic testing (EMG/NCS) and Chapter: Low Back Lumbar - Lumbar & Thoracic, Electrodiagnostic studies (EDS).

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

Decision rationale: The injured worker complained of low back pain with radiation to the back of the left leg. The provider's rationale was not provided within the clinical notes. The California MTUS ACOEM guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. It is noted that the injured worker has chronic low back pain with left lower extremity radiation. The guidelines do not recommend an EMG for clinically obvious radiculopathy. Per clinical evidence, radiculopathy is clinically obvious. Therefore, the request is not medically necessary.

NCV OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chapter: Pain, electrodiagnostic testing (EMG/NCS) and Chapter: Low Back Lumbar - Lumbar & Thoracic, Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The injured worker complained of chronic low back pain with left lower extremity radiation. The provider's rationale was not provided in the clinical notes. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of chronic low back pain with left lower extremity radiation. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a Nerve Conduction Velocity. As such, the request is not medically necessary.

NCV OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chapter: Pain, electrodiagnostic testing (EMG/NCS) and Chapter: Low Back Lumbar - Lumbar & Thoracic, Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for an NCV of the left lower extremity is non-certified. The injured worker complained of chronic low back pain with left lower extremity radiation. The provider's rationale was not provided in the clinical documentation. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of chronic low back pain with left lower extremity radiation. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a Nerve Conduction Velocity. As such, the request is not medically necessary.

EMG OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation and Non-MTUS Official Disability Guidelines (ODG), Chapter: Pain, electrodiagnostic testing (EMG/NCS) and Chapter: Low Back Lumbar - Lumbar & Thoracic, Electrodiagnostic studies (EDS).

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

Decision rationale: The injured worker complained of chronic low back pain with left lower extremity radiation. The providing physician's rationale for an EMG was not provided in the clinical notes. The California MTUS ACOEM guidelines recommend the detection of physiologic abnormalities; if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. It is noted that the injured worker has chronic low back pain with left lower extremity radiation. The guidelines do not recommend an EMG for clinically obvious radiculopathy. Per clinical evidence, radiculopathy is clinically obvious. Therefore, the request is not medically necessary.