

Case Number:	CM14-0025825		
Date Assigned:	06/30/2014	Date of Injury:	10/16/2011
Decision Date:	08/07/2014	UR Denial Date:	01/20/2014
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 Geriatrics and is licensed to practice in New York. 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 47-year-old woman with a date of injury of 10/16/11. She is status post back surgery in 2/13. A lumbar MRI (magnetic resonance imaging) from 7/13 showed post surgical changes at L5-S1 and degenerative disc disease at L4-5. She was seen by her primary treating physician in 10/2/13 complaining of lumbar/low back pain which radiated to her right leg. She had a positive straight leg raise and sensory loss at L4-5 but the records are difficult to read. She had only minimal improvement with chiropractic therapy. Her diagnoses included lumbar and sacroiliac sprain/strain and post laminectomy syndrome. At issue in this review is bilateral lower extremity electromyography (EMG)/NCS (nerve conduction study).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms and can identify low back pathology in disc protrusion. In this case, this injured worker has already had a lumbar MRI (magnetic resonance imaging) to delineate her back anatomy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the left lower extremity. As such, the request is not certified.

NCS (nerve conduction study) 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), NCS (nerve conduction study).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms and can identify low back pathology in disc protrusion. In this case, this injured worker has already had a lumbar MRI (magnetic resonance imaging) to delineate her back anatomy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an NCV of the left lower extremity. As such, the request is not certified.

NCS (nerve conduction study) 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), NCS (nerve conduction study).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms and can identify low back pathology in disc protrusion. In this case, this injured worker has already had a lumbar MRI (magnetic resonance imaging) to delineate her back anatomy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an NCV of the right lower extremity. As such, the request is not certified.

Electromyography (EMG) 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), Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms and can identify low back pathology in disc protrusion. In this case, this injured worker has already had a lumbar MRI (magnetic resonance imaging) to delineate her back anatomy. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the right lower extremity. As such, the request is not certified.