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| Case Number: | CM14-0030109 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/14/2003 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/17/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 72-year-old female who reported an injury on 04/14/2003. The mechanism of injury was reported while stocking. Prior treatments have included physical therapy and 2 surgeries. The clinical documentation submitted on 03/18/2014 reported the injured worker complained of pressure in her low back. The injured worker reported a loss of feeling in her right knee. She reported her left knee goes out. The provider requested for an electromyography, and a nerve conduction study. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

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): 303-305.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine note electromyography, including H-reflex test may be useful to

identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. There is a lack of documentation indicating the injured worker had signs of radiculopathy. There is a lack of significant neurological deficits such as decreased sensation or motor strength, a specific dermatomal or myotomal distribution. The provider did not perform an adequate and complete physical exam. Therefore, the request for electromyography of the bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

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

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 Study.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction study. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The clinical documentation submitted did not have an adequate and complete physical examination. The guidelines note they do not recommend nerve conduction studies for the lower back. Therefore, the request for nerve conduction study of the bilateral lower extremity is not medically necessary.