

Case Number:	CM14-0030849		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2012
Decision Date:	08/04/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopaedic Surgery 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on March 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain and right leg pain. Current medications were stated to include gabapentin, hydrocodone and Vicodin. A recent magnetic resonance imaging (MRI) was performed on the lower back, but the results were not available for review. The physical examination demonstrated a dysfunctional gait with the use of a walker. There were diagnoses of low back pain, chronic pain syndrome, fibromyositis and sciatica. There was concern for the acute neurological changes in the injured employee's right lower extremity due to declining function. Electrodiagnostic studies of the lower extremities were recommended. A request had been made for bilateral lower extremity electromyography and nerve conduction studies and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography of the bilateral lower extremities between 1/28/2014 and 3/14/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation (ODG-TWC), Online Edition, Chapter: 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 - Lumbar & Thoracic (Acute & Chronic), Electromyography (updated July 3, 2014).

Decision rationale: According to the Official Disability Guidelines, the use of EMGs 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. According to the most recent medical examination, there is no subjective complaint or objective findings to indicate any potential radicular symptoms in the employee's lower extremities. It is unclear why lower extremity nerve conduction studies are requested. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

1 Nerve Conduction Study of the bilateral lower extremities between 1/28/2014 and 3/14/2014: 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 - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (updated July 3, 2014).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies for the lower extremities are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. This patient does not have any subjective complaints of radiculopathy nor are there any objective radicular findings whatsoever. This request for lower extremity nerve conduction studies is not medically necessary.