

Case Number:	CM14-0030938		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2011
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male who sustained a low back injury on 06/28/11 due to a slip and fall. The injured worker complained of low back pain radiating to the left lower extremity with numbness to the distal calf, and in the left forearm. There also was subjective hypesthesia involving the left hand, foot and leg. The injured worker was treated with physical therapy, chiropractic manipulation, NSAIDs, and medications (hydrocodone, Flexeril, cyclobenzaprine). Reference is made to lumbar MRI dated 07/03/12. No radiology report was provided, but the scan reportedly showed multilevel degenerative disc disease, annular bulge and facet arthropathy at L5-S1, L1-2 and L4-5 with foraminal narrowing and joint effusion at L5-S1 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral 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).

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, Electrodiagnostic studies (EDS).

Decision rationale: The Official Disability Guidelines reflect that EMG may be useful to obtain due to unequivocal evidence of radiculopathy, after 1-month conservative therapy, but electromyography (EMG) are not necessary if radiculopathy is already clinically obvious. In this case there is no objective evidence of neurocompressive pathology on MRI of the lumbar spine. The injured worker has subjective complaints of numbness, but there is no evidence of motor or sensory deficits on physical examination indicative of radiculopathy. Based on the clinical information provided, the request for (EMG) of bilateral lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of bilateral 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).

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 Official Disability Guidelines note that nerve conduction studies (NCS) are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request in this case is on the basis of presumed radiculopathy. As such, Nerve Conduction Velocity (NCV) study of bilateral lower extremity is not medically necessary.