

Case Number:	CM14-0034163		
Date Assigned:	03/21/2014	Date of Injury:	02/20/2013
Decision Date:	05/08/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Practice 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 36-year-old male who reported an injury on 02/20/2013. The mechanism of injury was not provided. A progress report dated 01/14/2014 indicated the injured worker had complaints of pain and discomfort in the thoracic and lumbar spine that was described as aching, stiffness, and soreness in nature. The injured worker reported numbness in the middle of the back and sensation that he stated "feels like little ants walking across the skin." The injured worker reported that he was constantly scratching in that area of the spine. The injured worker complains of numbness that shoots down both legs and feet. The EMG/NCV (Electromyography/Nerve Conduction Study) dated 12/05/2013 revealed an abnormal study (1) there is electrodiagnostic evidence of right chronic S1 (Sacroiliac) radiculopathy; (2) bilateral prolonged peroneal distal onset latencies are likely due to temperature fluctuation of bilateral distal lower extremity; (3) no electrodiagnostic evidence of lumbosacral plexopathy, peripheral neuropathy, or mononeuropathy involving the bilateral tibial, sural, and peroneal nerves. The diagnoses provided was musculoligamentous sprain, thoracic spine; minimal wedging at T7 region; disc herniation, L5-S1; musculoligamentous sprain/lumbar spine; degenerative arthritic changes; disc space narrowing, L5-S1; evidence of right chronic S1 radiculopathy. It was noted the injured worker was awaiting an appointment with an orthopedic specialist regarding the possibility for back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION OF NERVE CONDUCTION VELOCITY/ELECTROMYEOGRAPHY FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, NERVE CONDUCTION STUDIES (NCS)

Decision rationale: The request for nerve conduction studies velocity/electromyography for lumbar spine is non-certified. The California MTUS/ACOEM states that electromyography (EMG) 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. The California MTUS/ACOEM does not address nerve conduction velocity for the low back. However, the Official Disability Guidelines stated nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The records submitted for review indicated the injured worker underwent an EMG/NCS (Electromyography/Nerve Conduction Study) for the bilateral lower extremities on 12/05/2013. Nerve conduction velocity is not recommended for the lumbar spine. Furthermore, the records submitted for review failed to include documentation of significant neurological deficits to the bilateral lower extremities. As such, a repeat EMG/NCS (Electromyography/Nerve Conduction Study) of the bilateral lower extremities is not warranted. Therefore, the request for nerve conduction velocity/electromyography, lumbar, is not support. Therefore, the request for Nerve Conduction Velocity/Electromyography for lumbar spine is not medically necessary and appropriate