

Case Number:	CM14-0039382		
Date Assigned:	06/27/2014	Date of Injury:	08/21/2012
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 46 year-old male was reportedly injured on 8/21/2012. The mechanism of injury is noted as a low back lifting injury. The most recent progress notes dated 2/10/2014 and 3/6/2014 indicate there are ongoing complaints of back pain. A physical examination demonstrated lumbar spine range of motion: flexion 60, extension 25, left/right lateral bending 25; tenderness and spasms with guarded motion due to pain; negative pathological reflexes; neurocirculatory status intact. A MRI report of the lumbar spine dated October 2012 demonstrated degenerative disk disease. Electrodiagnostic study (EMG/NCS) dated 10/26/2012 was normal with a diagnosis of the lumbar strain/sprain, and lumbar degenerative. All previous treatments for the injured worker include home exercise program, physical therapy and medications to include Ultracet, Flexeril and Ibuprofen. A request was made for an Electrodiagnostic study (EMG/NCS) of the bilateral lower extremities and was not medically necessary in the utilization review on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The ACOEM Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance image (MRI) are equivocal and there are ongoing lower extremity symptoms. The claimant had a normal EMG/NCV study and MRI of the lumbar spine in 2012; and their main complaint is low back pain without any documentation of lower extremity pain, numbness or tingling. As such, this request is considered not medically necessary.

NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: The MTUS/ACOEM Guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. As such, this request is considered not medically necessary.