

Case Number:	CM14-0041728		
Date Assigned:	08/29/2014	Date of Injury:	09/22/2011
Decision Date:	10/07/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Emergency Medicine 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:

This is a patient with reported date of injury on 9/22/2011. No mechanism of injury was provided for review. Patient has a diagnosis of "status post lumbar spine micro disc surgery, January 2012 and Lumbar Radiculopathy. Medical reports reviewed. Last report available until 5/9/14. Patient complains of low back pain radiating to L lower extremity with numbness and tingling. Pain is 2-6/10. Pain improves to 1-2/10 with pain medications. Objective exam reveals decreased lumbar range of motion, positive straight leg raise on L side. Tenderness to lumbar spine. Decreased L5-S1 extremity sensation in L lower extremity. "Motor 4/5 at L5-S1". No imaging reports or prior electrodiagnostic reports were provided for review. No complete medication list was provided for review. Records note patient is on Cyclobenzaprine, omeprazole, Mentherm and Laxicin. Patient is also on Theramine, Sentra AM, Sentra PM and GABADone which as non-medicinal, non-FDA approved compounds with unknown substances within it. Independent Medical Review is for EMG/NCV of R lower extremity. Prior UR on 3/21/14 recommended certification of L lower extremity EMG/NCV but UR on 3/26/14 recommended non-certification of R lower extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 377.

Decision rationale: EMG(Electromyelography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the R limb to support EMG use. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.Both tests are not medically necessary. NCV/EMG of R lower extremity is not medically necessary.