

Case Number:	CM14-0044615		
Date Assigned:	07/02/2014	Date of Injury:	09/08/2012
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 08/09/2012. The mechanism of injury was due to a fall. His previous treatments included physical therapy, epidural steroid injection, and medications. He underwent a left L4 to L5 microdiscectomy on 11/13/2013. On 02/24/2014, the injured worker presented with complaints of low back pain with radiation into the left lower extremity, rated 6 to 9 out of 10. His physical examination revealed decreased motor strength in the left lower extremity to 4 out of 5 in the dorsiflexion of foot and toe, decreased sensation in L5 nerve distribution in the left lower extremity, and normal deep tendon reflexes. His medications were noted to include Norco 10/325mg and Motrin 800mg. The treatment plan included electro diagnostic studies of the left lower extremity due to ongoing radiculopathy down the left lower extremity along L5 distribution. The Request for Authorization form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request is not medically necessary. According to The California MTUS ACOEM Guidelines, electromyography (EMG) may be useful to identify subtle neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The clinical information submitted for review indicated that the patient has clear evidence of L5 radiculopathy in the left lower extremity with decreased motor strength and sensation in L5 distribution. As the guidelines only support electromyography to identify subtle neurologic dysfunction and clarify the source of radiculopathy, further documentation would be needed indicating why electromyography is required for this injured worker. As such, the request is not medically necessary.

NCV Left 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), Low Back Chapter, Nerve Conduction Studies (NCS).

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 request is not medically necessary. According to the Official Disability Guidelines, nerve conduction velocity (NCV) studies are not recommended for patients presumed to have symptoms on the basis of radiculopathy. The clinical information submitted for review indicated that the patient had evidence of L5 radiculopathy in the left lower extremity with decreased motor strength and sensation in L5 distribution. However, as the guidelines do not support NCV for patients with evidence of radiculopathy. As such, the request is not medically necessary.