

Case Number:	CM14-0053959		
Date Assigned:	07/07/2014	Date of Injury:	01/22/2003
Decision Date:	09/03/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 69 year old male was reportedly injured on January 22, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated an antalgic gait, decreased lumbar spine range of motion, positive right sided straight leg raise test at 60 degrees and muscle strength of 4/5 at the right lower extremity, increased sensation was noted at the lateral aspect of the right calf. Diagnostic imaging studies of the lumbar spine show disc degeneration from L3 to L5 and a disc bulge at L4 to L5. Previous treatment is unknown. A request was made for electromyography (EMG) and nerve conduction (NCV) studies of the bilateral lower extremities was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral lower extremities (lumbar spine): 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) Current Online Version.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with radiculopathy, however the MRI of the lumbar spine does not indicate any neurological involvement. Considering this, the request for EMG studies of the lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral lower extremities (lumbar spine): 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) Current Online Version.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has signs and symptoms consistent with a radiculopathy, however the MRI of the lumbar spine does not indicate any neurological involvement. Considering this, the request for NCV studies of the lower extremities is not medically necessary.