

Case Number:	CM14-0054727		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2001
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 52 year-old with a date of injury of 07/15/01. A progress report associated with the request for services, dated 03/28/14, identified subjective complaints of low back pain into the left leg. Objective findings included tenderness to palpation of the lumbar spine. There was decreased sensation, motor function, and reflexes on the left. An MRI had been performed, but the results were not documented in the note. Diagnoses included lumbar degenerative disc disease. Treatment had included physical therapy, acupuncture, and oral medications including oral analgesics and muscle relaxants. A Utilization Review determination was rendered on 04/08/14 recommending non-certification of "EMG for Right Lower Extremity; NCS for Left Lower Extremity; NCS for Right Lower Extremities; and EMG for Left Lower Extremity".

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. The documentation is consistent with signs and symptoms of a radiculopathy. Likewise, imaging studies have already been performed. Therefore, the record does not document the medical necessity for an electromyogram of the left lower extremity.

NCS for Right Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. The documentation is consistent with signs and symptoms of a radiculopathy. Likewise, imaging studies have already been performed. Therefore, the record does not document the medical necessity for an electromyogram of the left lower extremity.

NCS for Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 Medical Utilization Treatment Schedule (MTUS) does not address nerve conduction studies with low back injury. The Official Disability Guidelines (ODG) state that 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. There is no documentation of the necessity to further define a radiculopathy. In this case, the patient's signs and symptoms are compatible with a radiculopathy. Therefore, the record does not document the medical necessity for a nerve conduction study of the left lower extremity.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303; 309.

EMG for Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)-Low back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303; 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. The documentation is consistent with signs and symptoms of a radiculopathy. Likewise, imaging studies have already been performed. Therefore, the record does not document the medical necessity for an electromyogram of the right lower extremity.