

Case Number:	CM14-0066484		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2012
Decision Date:	09/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51 year old male with a 12/24/2012 date of injury. She slipped on a wet floor, twisting her left ankle. She fell forward, landing her knees and jolting her lower back. A progress reported dated 2/19/14 noted subjective complaints of lower back pain, neck pain, left hip pain, bilateral knee and ankle pain. Objective findings included normal sensation to light touch and normal motor exam of the lower extremities. EMG/NCV (Electromyography / Nerve Conduction Velocity) of the lower extremities on 11/19/13 were normal. Diagnostic Impression: cervical spine strain, lumbar strain. Treatment to Date: medication management, physical therapy A UR decision dated 4/11/14 denied the request for EMG bilateral lower extremities. The patient is not presented as having neurologic dysfunction or as a surgical candidate at this time. Objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor system change.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG study - right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient does not have any objective findings to be concerned for a radiculopathy or any other neural compromise. Furthermore, EMG/NCV (Electromyography / Nerve Conduction Velocity) in 11/13 was already reported to be entirely normal. There was no documentation of any interval injury or significant change of condition. Therefore, the request for EMG of the right lower extremity was not medically necessary.

EMG study - left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient does not have any objective findings to be concerned for a radiculopathy or any other neural compromise. Furthermore, EMG/NCV in 11/13 was already reported to be entirely normal. There was no documentation of any interval injury or significant change of condition. Therefore, the request for EMG of the left lower extremity was not medically necessary.