

Case Number:	CM14-0066540		
Date Assigned:	07/11/2014	Date of Injury:	08/12/2003
Decision Date:	10/10/2014	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 Physical Medicine & 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 35-year-old gentleman was reportedly injured on August 12, 2003. The most recent progress note, dated January 15, 2014, indicates that there are ongoing complaints of low back pain radiating to the left greater than right lower extremity. The physical examination demonstrated a wide-based antalgic gait favoring the left lower extremity with decreased lumbar spine range of motion. There was a positive left-sided straight leg raise test and decreased sensation of the left lower extremity. Diagnostic imaging studies of the lumbar spine indicate that this basis and vertebral body heights are well preserved. Previous treatment includes physical therapy, the use of a TENS unit, and chiropractic care. A request had been made for EMG and NCV studies of the bilateral lower extremities and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low back, EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: The 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 there are no MRI results available for corroboration. Therefore, EMG and NCV studies of the left and right lower extremity are not medically necessary.

NCV (nerve conduction studies) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low back, Nerve conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Electronically Cited.

Decision rationale: The 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 there are no MRI results available for corroboration. Therefore, EMG and NCV studies of the left and right lower extremity are not medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low back, EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Electronically Cited.

Decision rationale: The 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 there are no MRI results available for corroboration. Therefore, EMG and NCV studies of the left and right lower extremity are not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low back, Nerve conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
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Decision rationale: The 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 there are no MRI results available for corroboration. Therefore, EMG and NCV studies of the left and right lower extremity are not medically necessary.