

Case Number:	CM14-0066810		
Date Assigned:	07/11/2014	Date of Injury:	07/08/2010
Decision Date:	09/30/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 California. 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 43-year-old male who reported an injury due to slipping and falling backwards on 07/08/2010. On 06/19/2014, his complaints included low back pain rated at 8/10, left knee pain rated at 7/10, and left ankle pain rated at 5/10. His diagnoses included lumbar disc protrusion, lumbar degenerative disc disease, and lumbar stenosis. On examination of the lumbar spine, there was tenderness to palpation, guarding and spasms in the paravertebral region bilaterally, a positive seated straight leg raising test on the left, and trigger points noticeable in the left lumbar paraspinal muscles. His lumbar range of motion was restricted due to pain and spasm. His range of motion values measured in degrees were flexion 50/60, extension 15/25, and right and left lateral bending both 15/25. A lumbar MRI on 01/08/2014 demonstrated a 2-3mm disc protrusion at L5-S1 centrally and eccentric toward the right, encroaching on the descending right S1 nerve root. The rationale for the requested diagnostic tests stated that these were needed before lumbar spine fusion surgery. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305; 710-711.

Decision rationale: The request for EMG/NCS bilateral lower extremities is not medically necessary. The California ACOEM Guidelines recommend that electrodiagnostic studies are not recommended for patients with acute, subacute or chronic back pain who do not have significant lower extremity pain or numbness. As imaging studies, especially MRI's have progressed, the need for EMG has declined. EMG may be helpful when there are ongoing pain complaints suspected to be of neurological origin, but without clear neurological compromise on imaging studies. There are no quality studies regarding the use of electromyography. Regarding nerve conduction velocity studies, the guidelines recommend that assessment of patients should include general observations, including changes in positions, stance and gait, a regional examination of the spine, neurological examination, testing for nerve root tension and monitoring pain behavior during range of motion as a clue to the origin of the problem. Nerve conduction studies to demonstrate radiculopathy are not recommended if radiculopathy has already been clearly identified. The MRI clearly identified nerve root compromise. The need for EMG/NCS has not been clearly demonstrated in the submitted documentation. Therefore, this request for EMG/NCS bilateral lower extremities is not medically necessary.