

Case Number:	CM14-0068512		
Date Assigned:	07/14/2014	Date of Injury:	02/22/2013
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 38-year-old gentleman was reportedly injured on February 22, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 14, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated tenderness along the lumbar spine with decreased lumbar spine range of motion. There was also decreased muscle strength with heel/toe walking. There has been a previous MRI of the lumbar spine; however, these results are unknown. Previous treatment included chiropractic care, physiotherapy, and therapeutic exercise. A request had been made for EMG and NCV studies of the lower extremities and was not certified in the pre-authorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has complaints of radiculopathy; however, there are no abnormal radicular findings on physical examination. Furthermore, the results of the previous MRI of the lumbar spine are unknown. Therefore, this request for NCV and EMG studies of the left and right lower extremities are not medically necessary.

NCV of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has complaints of radiculopathy; however, there are no abnormal radicular findings on physical examination. Furthermore, the results of the previous MRI of the lumbar spine are unknown. Therefore, this request for NCV and EMG studies of the left and right lower extremities are not medically necessary.

EMG of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has complaints of radiculopathy; however, there are no abnormal radicular findings on physical examination. Furthermore the results of the previous MRI of the lumbar spine are unknown. Therefore, this request for NCV and EMG studies of the left and right lower extremities are not medically necessary.

EMG of left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee has complaints of radiculopathy; however, there are no abnormal radicular findings on physical examination. Furthermore the results of the previous MRI of the lumbar spine are unknown. Therefore, this request for NCV and EMG studies of the left and right lower extremities are not medically necessary.