

Case Number:	CM14-0069644		
Date Assigned:	07/14/2014	Date of Injury:	01/11/2014
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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:

This is a 50 year old female with a 1/11/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 4/17/14 reported subjective complaints of continuous lower back pain aggravated by activity. She also complains of continuous right lower extremity pain associated with numbness and tingling. Objective findings include tenderness of the lumbar paraspinals and spasm. There was no sensory deficits of any dermatomes of the lower extremities. There was normal lower extremity strength and DTRs. An MRI of the lumbar spine on 4/7/14 noted mild multilevel disk degeneration without evidence of high grade central canal or foraminal stenosis. Diagnostic Impression: lumbar radiculopathy Treatment to Date: medication management, physical therapy A UR decision dated 5/5/2014 denied the request for EMG/NCV of the bilateral lower extremities. Neuro exam was nonrevealing of any changes that might be further elucidated by electrodiagnostics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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/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, while the patient had subjective complaints of lower back pain and tingling of the right lower extremity, the patient does not have any motor, sensory, or reflex abnormalities in testing of the lower extremities to suggest the clinical diagnosis of radiculopathy. Furthermore, patient had an MRI in 4/14 which did not demonstrate any evidence concerning for radiculopathy. It is unclear why an EMG would be of benefit. Therefore, the request for EMG of the bilateral lower extremities was not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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/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, while the patient had subjective complaints of lower back pain and tingling of the right lower extremity, the patient does not have any motor, sensory, or reflex abnormalities in testing of the lower extremities to suggest the clinical diagnosis of radiculopathy. Furthermore, patient had an MRI in 4/14 which did not demonstrate any evidence concerning for radiculopathy. It is unclear why NCV would be of benefit. Therefore, the request for NCV of the bilateral lower extremities was not medically necessary.