

Case Number:	CM14-0070019		
Date Assigned:	07/14/2014	Date of Injury:	02/08/2007
Decision Date:	08/21/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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:

According to the records made available for review, this is a 61-year-old male with a 2/8/07 date of injury. At the time (5/1/14) of request for authorization for 1 electromyography of bilateral lower extremities and Nerve conduction velocity of bilateral lower extremities, there is documentation of subjective (exacerbation of severe low back pain with new pain radiating to the right leg along with chronic pain of the left leg with numbness and weakness) and objective (antalgic gait with partial foot drop of the left lower extremity) findings, current diagnoses (lumbar spondylolisthesis, lumbar spinal stenosis, lumbar degenerative disk disease, lumbar radiculopathy, and status post lumbar spinal fusion surgery), and treatment to date (medications (ongoing therapy with Lyrica and Norco)). There is no documentation of low back symptoms lasting more than three to four weeks, 1-month of conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic).

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, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of Electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of Electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylolisthesis, lumbar spinal stenosis, lumbar degenerative disk disease, lumbar radiculopathy, and status post lumbar spinal fusion surgery. In addition, there is documentation of focal neurologic dysfunction and evidence of radiculopathy. However, given documentation of subjective findings (exacerbation of severe low back pain with new pain radiating to the right leg), there is no documentation of low back symptoms lasting more than three to four weeks and 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 electromyography of bilateral lower extremities is not medically necessary.

Nerve conduction velocity of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Electrodiagnostic studies.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of Electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of Electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylolisthesis, lumbar spinal stenosis, lumbar degenerative disk disease, lumbar radiculopathy, and status post lumbar spinal fusion surgery. In addition, there is documentation of focal neurologic dysfunction and evidence of radiculopathy. However, given documentation of subjective findings (exacerbation of severe low back pain with new pain radiating to the right leg), there is no documentation of low back symptoms lasting more than three to four weeks and 1-month of conservative therapy. Therefore, based on guidelines and a review of the evidence, the request for Nerve conduction velocity of bilateral lower extremities is not medically necessary.

