MAXIMUS Federal Services

Case Number:	CM14-0073501		
Date Assigned:	07/16/2014	Date of Injury:	09/15/2013
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Management, 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 patient with a date of injury of September 15, 2013. A progress report dated April 21, 2014 identifies subjective complaints of constant moderately severe low back pain. The patient also has burning, throbbing, shooting pain with numbness and tingling into her left lower extremity. Physical examination identifies decreased right L5 dermatome pinprick, light touch, and temperature sensation with a positive straight leg raise on the right side. Diagnoses include lumbar radiculopathy and reactive sleep disturbance. The treatment plan recommends obtaining the MRI report from an imaging center and performing an EMG/NCV of both lower extremities. Additionally, acupuncture is recommended for the lumbar spine and chiropractic sessions are recommended for the lumbar spine. A progress report dated June 13, 2014 recommends physical therapy and requesting a copy of a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyelography/Nerve Conduction Velocity 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM/MTUS guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The Official Disability Guidelines state that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the requesting physician has identified specific nerve compromise on the neurologic examination (right L5 dermatome). Guidelines recommend EMG/NCV when the neurologic examination is unclear, which does not appear to be the case here. Additionally, the requesting physician is attempting to obtain a report from a previous MRI. It seems reasonable to await that MRI report to determine whether the findings are sufficient to explain the patient's symptoms prior to embarking on additional diagnostic workup. Finally, it does not appear the patient has failed conservative treatment as physical therapy has recently been recommended. As such, the currently requested EMG/NCV of the bilateral lower extremities is not medically necessary.