

Case Number:	CM14-0077563		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2013
Decision Date:	09/24/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 38 year old male who was injured on 10/07/13 while lifting cases of water. The injured worker complains of low back pain that radiates to the right leg and pain and discomfort in the mid back and neck. A magnetic resonance image of the lumbar spine dated 12/30/13 is referenced and is reported to reveal mild spinal stenosis and degenerative disc disease at L4-5 with bilateral facet osteoarthritis causing mild central canal stenosis and stenosis of the neural foramina. The injured worker is diagnosed with strains/sprains of the cervical, thoracic and lumbar back and displacement of lumbar intervertebral disc without myelopathy. Treatment for lumbar complaints has included physical therapy, chiropractic care and medications. Physical examination dated 01/30/14 reveals normal motor strength about the bilateral lower extremities, equal and symmetrical bilateral reflexes at 2 throughout, and abnormal sensation in the right L4-5 distribution. Straight leg raise on the right is positive at 70 in the supine position and positive at 90 in the sitting position, and electromyograms of the bilateral lower extremities are suggested on this date. This is a request for and electromyogram and a nerve conduction velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the 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 (ODG) Low Back Electro diagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, EMGs (electromyography).

Decision rationale: The request for an electromyogram (EMG) of the bilateral lower extremities is not recommended as medically necessary. American College of Occupational and Environmental Medicine states EMGs may be used to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than three or four weeks. However, Official Disability Guidelines states that EMGs are not necessary if radiculopathy is already clinically obvious. Records reference a magnetic resonance image (MRI) of the lumbar spine; however, this imaging study is not submitted. Records suggest this MRI reveals pathology about the lumbar spine but the report in its entirety is not available. It is unclear if this MRI provided clinical evidence of an active radiculopathy. Physical examination, however, does include findings clinically indicative of radiculopathy. Based on the clinical information provided, medical necessity of an EMG of the bilateral lower extremities is not established.

NCV of the 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 (ODG) Low Back Electro diagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - lumbar & thoracic, Nerve conduction studies.

Decision rationale: The request for a nerve conduction velocity (NCV) of the bilateral lower extremities is not recommended as medically necessary. Official Disability Guidelines does not support the use of nerve conduction studies and states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Records include evidence of radiculopathy upon physical examination. Based on the clinical information provided, medical necessity of an NCV of the bilateral lower extremities is not established.