

Case Number:	CM14-0088271		
Date Assigned:	07/23/2014	Date of Injury:	08/09/2010
Decision Date:	12/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family Practice 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 patient is a 45 year old male claimant sustained a work injury on 8/10/10 involving the low back. He was diagnosed with lumbar disc disease and underwent a lumbar fusion in December 2011. A progress note on 4/15/14 indicated the claimant had 5/10 pain. Exam findings were notable for decreased grip strength in the right hand. Cervical and lumbar spine range of motion was decreased. Kemp's sign and Lumbar facet test was positive bilaterally. The treating physician ordered an MRI of the lumbar spine and an EMG/NCV of the lower extremities to evaluate for a nerve root lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is not recommended in clinically obvious radiculopathy. It is recommended to clarify nerve root dysfunction. In this case, the

claimant had a clinical exam and prior surgeries that are consistent with claimant's symptoms. In addition, the treating physician was ordering an MRI to evaluate the lumbar anatomy. There was no plan for surgery. Therefore the request is not medically necessary.

Electromyography Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is not recommended in clinically obvious radiculopathy. It is recommended to clarify nerve root dysfunction. In this case, the claimant had a clinical exam and prior surgeries that are consistent with claimant's symptoms. In addition, the treating physician was ordering an MRI to evaluate the lumbar anatomy. There was no plan for surgery. Therefore the request is not medically necessary.

Nerve Conduction Velocity Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Nerve Conduction Studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Nerve Conduction Studies).

Decision rationale: According to the guidelines, NCS studies are not recommended. There is low sensitivity of the study. There is minimal justification when the claimant is presumed to have radiculopathy. The request is not medically necessary.

Nerve Conduction Velocity Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Nerve Conduction Studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

Decision rationale: According to the guidelines, NCS studies are not recommended. There is low sensitivity of the study. There is minimal justification when the claimant is presumed to have radiculopathy. The request for NCV is not medically necessary.

