MAXIMUS Federal Services

Case Number:	CM14-0089843		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2013
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 Medicine and is licensed to practice in Arizona. 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 patient is a 51-year-old male with a date of injury of 3/5/2013. Diagnoses include lumbar strain, right shoulder strain, cervical strain, and status post right shoulder arthroscopy. Subjective complaints are of right shoulder pain and low back pain with radiation to the buttocks. The physical exam shows decreased right shoulder range of motion. The lumbar region has tenderness at the paravertebral muscles and a positive straight leg raise test. The remainder of the neurovascular exam is normal. Lumbar MRI from 7/6/2013 shows L4-5 focal central disc protrusion with annular tear. Medications include Gabapentin, Naproxen, Omeprazole, Norco, Lisinopril, and Metformin. Request is for an EMG/NCV 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:

Electromyography (EMG) 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 (ODG) - TWC Low Back Procedure Summary last updated 05/12/2014.

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, EMG.

Decision rationale: The California MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG is not necessary if radiculopathy is already clinically obvious. For this patient, lumbar radicular signs are clinically present, and there is no indication of any peripheral nerve entrapment symptoms. Therefore, the request for bilateral lower extremity electrodiagnostic studies is not medically necessary.

Nerve Conduction Velocity (NCV) 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 (ODG) - TWC Low Back Procedure Summary last updated 05/12/2014.

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, NCS.

Decision rationale: The ODG does not recommend nerve conduction studies (NCS) because there is minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy; rather, EMG is recommended as an option. This patient has low back pain with signs of radiculopathy that would not justify the use of a NCS. Therefore, the request for a nerve conduction study is not medically necessary.