

Case Number:	CM14-0096953		
Date Assigned:	10/23/2014	Date of Injury:	05/14/2010
Decision Date:	12/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 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:

This is a patient with a date of injury of 5/14/10. A utilization review determination dated 6/18/14 recommends non-certification of retrospective electromyography (EMG)/nerve conduction velocity (NCV) of the lower extremities, date of service (DOS) 11/7/13. 1/7/13 medical report identifies pain in the neck, low back, bilateral hands, and right foot. Notes provided stated "He had EMG/NCS of the lower extremities upper extremities," but the date and results of these exams is not documented. On exam, there is tenderness, trigger points, positive straight leg raise (SLR), positive facet loading, reduced ankle strength 4/5, reduced right L5 sensation, and limited range of motion (ROM). EMG/NCV was performed and "the EMG reveals positive on the right quad and left TA and PL of the lower extremities." The EMG/NCS report from the same date notes evidence consistent with right L4 and left L5 chronic motor radiculopathy and bilateral tarsal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nerve Conduction Velocity (NCV) of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for NCV, CA MTUS does not specifically address the issue. ODG states 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 patient presented with findings suggestive of neuropathy in multiple areas of the lower extremities. However, it appears that the patient had prior electrodiagnostic testing of the lower extremities and there is no indication of the date and results of these tests. Furthermore, there is no indication of interval injury, progressive worsening, or another clear rationale for repeating the testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

Retrospective Electromyography (EMG) of Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG, CA MTUS states that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, the patient presented with findings suggestive of neuropathy in multiple areas of the lower extremities. However, it appears that the patient had prior electrodiagnostic testing of the lower extremities and there is no indication of the date and results of these tests. Furthermore, there is no indication of interval injury, progressive worsening, or another clear rationale for repeating the testing. In the absence of such documentation, the currently requested EMG is not medically necessary.

Retrospective NCV of Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for NCV, CA MTUS does not specifically address the issue. ODG states 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 patient presented with findings suggestive of neuropathy in multiple areas of the lower extremities. However, it appears that the patient had prior electrodiagnostic testing of the lower extremities and there is no indication of the date and results of these tests. Furthermore, there is no indication of interval injury, progressive worsening, or another clear rationale for repeating the testing. In the absence of such documentation, the currently requested NCV is not medically necessary.

Retrospective EMG of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG, CA MTUS states that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, the patient presented with findings suggestive of neuropathy in multiple areas of the lower extremities. However, it appears that the patient had prior electrodiagnostic testing of the lower extremities and there is no indication of the date and results of these tests. Furthermore, there is no indication of interval injury, progressive worsening, or another clear rationale for repeating the testing. In the absence of such documentation, the currently requested EMG is not medically necessary.