

Case Number:	CM14-0110723		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2010
Decision Date:	01/05/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/16/2014

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:

The patient is a 60 year old male with an injury date of 06/19/10. Based on the 04/17/14 progress report, the patient complains of chronic low back pain and is status post lumbosacral fusion L4-5 and L5-S1. He has a painful and limited range of motion, moderate paraspinal muscle spasm, and tenderness to palpations over bilateral lumbar hardware. The 05/29/14 report states that the patient also has left leg pain with associated tingling and numbness. The patient's diagnoses include the following: 1. Status post lumbar fusion L4-5 and L5-S1. 2. Lumbar discogenic disease 3. Post-traumatic catheterization and continued urological problems 4. Neck pain/strain. The utilization review determination being challenged is dated 06/25/14. Treatment reports were provided from 01/23/14- 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral lower extremity: Overturned

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 rationale: According to the 05/29/14 report, the patient presents with low back pain and left leg pain. The request is for an electromyography (EMG) of the bilateral lower extremity. There is no indication that the patient had any previous EMG studies conducted. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has been complaining of lower back pain as early as 05/29/14. Recommendation is medically necessary.

Nerve conduction velocity (NCV) of bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: According to the 05/29/14 report, the patient presents with low back pain and left leg pain. The request is for a nerve conduction velocity (NCV) of bilateral lower extremity. There is no indication of any prior NCV studies the patient may have had. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this case, there is no stated concern for peripheral neuropathy. The patient has pain down the leg but they appear to be radicular in nature. ODG does not support routine NCV's when leg symptoms are presumed to be coming from the L-spine. Recommendation is for denial.