

Case Number:	CM14-0126779		
Date Assigned:	08/13/2014	Date of Injury:	03/29/2011
Decision Date:	01/27/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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 Emergency 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 33 year-old male, who sustained an injury on March 29, 2011. The mechanism of injury occurred from lifting a cart of laundry. Diagnostics have included: April 7, 2011 lumbar MRI reported as showing multilevel degenerative changes and facet arthropathy. Treatments have included: medications, LESI, chiropractic. The current diagnoses are: lumbar disc displacement, lumbago, lumbar radiculitis. The stated purpose of the request for Electromyography (EMG / Nerve conduction Velocity (NVC) of the bilateral lower extremities was to assess nerve roots. The request for Electromyography (EMG / Nerve conduction Velocity (NVC) of the bilateral lower extremities was modified for an EMG only on August 6, 2014. Per the report dated July 29, 2014, the treating physician noted complaints of low back pain. Exam shows lumbar tenderness, limited lumbar ROM, decreased sensation to the bilateral L3-4 and L4-5 dermatomes, positive right-sided straight leg raising test. The treating physician apparently agreed to a modification of an EMG only as NCV studies were not guideline supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter Low Back-Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested Electromyography (EMG / Nerve conduction Velocity (NVC) of the bilateral lower extremities, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back pain. The treating physician has documented lumbar tenderness, limited lumbar ROM (range of motion), decreased sensation to the bilateral L3-4 and L4-5 dermatomes, positive right-sided straight leg raising test. The request for Electromyography (EMG / Nerve conduction Velocity (NVC) of the bilateral lower extremities was modified for an EMG only on August 6, 2014. The treating physician has documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test and deficits in dermatomal sensation, despite multiple modes of treatment. The criteria noted above having been met, Electromyography (EMG) of the bilateral lower extremities is medically necessary.

Nerve conduction Velocity (NVC) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter Low Back-Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested Nerve conduction Velocity (NVC) of the bilateral lower extremities is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back pain. The treating physician has documented lumbar tenderness, limited lumbar ROM, decreased sensation to the bilateral L3-4 and L4-5 dermatomes, positive right-sided straight leg raising test. The request for Electromyography (EMG / Nerve conduction Velocity (NVC) of the bilateral lower extremities was modified for an EMG only on August 6, 2014. The treating physician has documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test and deficits in dermatomal sensation, despite multiple modes of

treatment. The criteria noted above having been met, Nerve conduction Velocity (NVC) of the bilateral lower extremities is medically necessary.