

Case Number:	CM14-0166545		
Date Assigned:	10/13/2014	Date of Injury:	01/06/2014
Decision Date:	01/05/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Interventional Spine 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 25 year old female with an injury date on 01/06/2014. Based on the 09/25/2014 hand written Doctor's First report provided by the treating physician, the diagnosis is: 1. Large herniated nucleus pulposus (HNP) lumbar spine L4-L5 and L5-S1 According to this report, the patient complains of "Pain LB." Exam indicates "tender with decrease range of motion (ROM)." The 05/19/2014 report reveals "persistent diminished sensation to light touch along the left L5 dermatome. Straight leg raising test is positive. There were no other significant findings noted on this report. The utilization review denied the request for EMG/NCS to bilateral lower extremity on 10/03/2014 based on the California MTUS/ Official Disability Guidelines (ODG) guidelines. The requesting physician provided treatment reports from 04/07/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS to bilateral lower extremity: Overturned

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-Low Back Chapter

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: According to the 09/25/2014 report, this patient presents with "Pain LB." Per this report, the current request is for Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies to bilateral lower extremity. The UR denial letter states "The patient is presumed to have a lumbosacral radiculopathy corroborated by anatomic Impingement on the magnetic resonance imaging (MRI). The guidelines did not support electrodiagnostic testing when radiculopathy is clinically obvious." The American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Official Disability Guidelines (ODG) guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. Given the patient's continued complaints of pain and neurological examination findings, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Treatment is medically necessary and appropriate.