

Case Number:	CM14-0192138		
Date Assigned:	11/25/2014	Date of Injury:	03/07/2003
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 64 year old male who was injured at work on 03/07/2003. The injured worker is reported to be experiencing severe left leg pain with numbness that radiate to the left foot; increased low back pain with tenderness and limitation of motion. The low back pain is 5/10, but increases to 8/10 with activities. He is reported to have had back surgeries in 2003 and 2005. The physical examination revealed surgical scar on his back, localized tenderness on the back; limited range of motion of the spine; weakness of the left foot. A previous electro-diagnostic test was reported as bilateral S1 radiculopathy. The worker has been diagnosed of status post two lumbar surgeries with ongoing left sided radiculitis, Lumbago degeneration, and lumbar/lumbosacral disc, depression. Treatments have included Buspirone, Xanax, Sertraline, Vicodin, Flexeril, Terocin patches, Soma, Naproxen, TENS unit, and physical therapy. At dispute is the request for electromyography/nerve conduction study 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/Nerve Conduction Study (EMG/NCS) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Electromyography, Low Back, Lumbar and Thoracic

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), Nerve conduction studies (NCS)

Decision rationale: The medical records provided for review do not indicate a medical necessity for an EMG/NCS. The MTUS is silent on the nerve studies for the low back, but recommends electromyography for equivocal lumbar radiculopathy. The Official Disability Guidelines does not recommend EMG/NCV (Electromyography/Nerve conduction study) due to low combined sensitivity and specificity in confirming root injury, limited evidence to support it, and despite the high cost and discomfort. The requested test is not medically necessary and appropriate as the injured worker had a previous electromyography that revealed radiculopathy; therefore there is no point testing for what is already known. Also, the request a combination of electromyography and nerve conduction study is not medically necessary since there is little evidence to support the request.