

Case Number:	CM14-0194424		
Date Assigned:	12/02/2014	Date of Injury:	07/26/2014
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 24 year old male with an injury date of 07/26/14. Based on the 07/25/14 progress report, the patient complains of back pain which radiates to his left leg. The pain is described as being dull, moderately severe, and intermittent. The 09/29/14 report states that the patient has low back pain which he rates as a 9/10. He has an abnormal gait and walks with a limp. There are spasms and tenderness over the paravertebral musculature. Range of motion of the back is restricted. Straight leg raise is positive and the back muscles appear to have weakness. Back flexion, extension, sidebending, and rotation are all weakened. The 10/09/14 report indicates that the patient ambulates with a cane. His left lateral thigh/anterolateral leg has a decreased sensation to light touch and pinprick. The patient's diagnoses include the following: 1) sprain/strain of lumbar spine 2) sciatica. The utilization review determination being challenged is dated 10/20/14. Treatment reports were provided from 07/25/14- 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)

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

Decision rationale: The patient presents with low back pain which radiates to his left leg. The request is for an EMG of the left lower extremity. The report with the request was not provided. 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 07/25/14. The requested EMG of the left lower extremity is medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)

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

Decision rationale: The patient presents with low back pain which radiates to his left leg. The request is for an NCV of the left lower extremity. The report with the request was not provided. There is no indication that the patient had any previous NCV studies conducted. 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 situation, NCV studies are not recommended per ODG guidelines. The requested NCV of the left lower extremity is not medically necessary.

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)

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

Decision rationale: The patient presents with low back pain which radiates to his left leg. The request is for an EMG of the right lower extremity. The report with the request was not provided. 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 07/25/14. The requested EMG of the right lower extremity is medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14)

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

Decision rationale: The patient presents with low back pain which radiates to his left leg. The request is for an NCV of the right lower extremity. The report with the request was not provided. There is no indication that the patient had any previous NCV studies conducted. 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 situation, NCV studies are not recommended per ODG guidelines. The requested NCV of the right lower extremity is not medically necessary.