

Case Number:	CM14-0195067		
Date Assigned:	12/02/2014	Date of Injury:	01/13/2005
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 53 year old female with an injury date of 01/13/05. Based on the 10/20/14 progress report, the patient complains of increased low back pain which radiates to the buttocks and legs with numbness in the lower extremities. She rates her low back pain as an 8-10/10. There is moderate tenderness along the lower lumbar paraspinal musculature. Her movements are guarded and restricted when she moves from the chair to the examination table. She has a painful range of motion. No additional exam findings were provided. The patient's diagnoses include the following: 1) Lumbar spine strain with degenerative disc disease. The utilization review determination being challenged is dated 10/28/14. There was one treatment report provided from 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV OF BILATERAL LOWER EXTREMITIES: 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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262; 303.

Decision rationale: According to the 10/20/14 report, the patient presents with low back pain which radiates to the buttocks and legs with numbness in the lower extremities. The request is for Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies of bilateral lower extremities due to complaints of numbness and tingling. There were no MRI findings provided before the utilization review date. The utilization review denial letter states that the patient had a prior EMG/NCV of bilateral lower extremities conducted on 03/08/07. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." The foot/ankle chapter of the ODG guidelines does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Based on the utilization review denial letter, the patient previously had an EMG/NCV of the bilateral lower extremities on 03/08/07 which was "read as a normal EMG of bilateral lower extremities, and lacked findings to suggest presence of active or chronic denervation in bilateral lumbosacral myotomes." In this case, the patient has increased low back pain which radiates to the buttocks and legs with numbness in the lower extremities. The 10/20/14 report states that the patient needs an EMG/NCV "to assess if there is an element of lumbar radiculopathy, or if there is a significant nerve root lesion." Given the patient's recent increase in low back pain and lower extremity radiating pain issues, this request is medically necessary.