

Case Number:	CM14-0199047		
Date Assigned:	12/09/2014	Date of Injury:	06/24/2014
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain 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:

This 31 year old male was injured on 06/24/2014 while being employed. On provider visit dated 09/05/2014, he complained of lower back pain. His diagnoses were lumbar sprain/strain, displaced lumbar, sciatica and lumbago. His treatment plan included physical therapy, modified work duty and a medication regimen of Dendracin, Anaprox and Norflex. Documentation throughout chart noted the injured worker was prescribed Medrol dosepak. He was noted to have lumbar range of motion as 10 extension and 70 flexion with lower extremities showing normal bulk and tone. MRI dated 07/23/2014 revealed degenerative changes of the lumbar spine, secondary to multilevel disc bulges, facet and ligamentum flavum hypertrophy mostly at the levels of L4-L5 and L5-S1. Lumbar spine, sacrum and coccyx x-ray completed on 08/05/2014 revealed normal findings. A progress report dated August 6, 2014 identifies subjective complaints of low back pain that radiates down the right leg with no numbness. The patient states he developed numbness from the waist up with numbness of the tongue. Physical examination findings reveal normal motor and sensory examination of the lower extremities and negative straight leg raise. The prescription for EMG (electromyography)/NCV (nerve conduction velocity) for BLE (bilateral lower extremities) was not clearly noted in this review. The documentation dated 10/30/2014 states that the request for EMG (electromyography)/NCV (nerve conduction velocity) for BLE (bilateral lower extremities) was non-certified as not medical necessary. The reviewing physician referred to CA MTUS ACOEM Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-309.

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: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, it is unclear how the EMG/NCS will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.