

Case Number:	CM14-0202660		
Date Assigned:	12/15/2014	Date of Injury:	03/24/2014
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 forty-seven year old female who sustained a work-related injury on March 24, 2014. A request for one electromyography/nerve conduction velocity of the bilateral lower extremities was non-certified in Utilization Review (UR) on November 21, 2014. The UR physician utilized the California MTUS/ACOEM guidelines and the Official Disability Guidelines in the determination. The California MTUS/ACOEM guidelines state that EMG may be useful to identify subtle, functional neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state that EMGS are not necessary if radiculopathy is already clinically obvious. The NCS is not recommended for low back issues. The UR physician determined that because the injured worker had a diagnosis of lumbar radiculopathy, the request for one electromyography/nerve conduction velocity of the bilateral lower extremities was non-certified. A request for independent medical review (IMR) was initiated on November 3, 2014. A review of the documentation submitted for IMR included physician's reports from August 15, 2014 through November 21, 2014. The injured worker complained of frequent low back pain rated moderate to occasionally severe. She reported that the pain radiated to her legs and reported moderate to severe sharp pain with burning sensation with numbness and tingling sensation. The injured worker reported that her pain was well-controlled with medication. On examination, the injured worker had tenderness to palpation with spasms of the lumbar spine. Her range of motion was limited secondary to the pain. Diagnoses associated with the evaluation included lumbar spine sprain, strain, lumbar spine multilevel disc protrusions with an annular tear and lumbar radiculopathy. The evaluating physician recommended the injured worker continue with chiropractic therapy and acupuncture treatment. The physician recommended a pain management consultation and an orthopedic consultation for the lumbar spine issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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 Pain Chapter, Diagnostic Imaging

Decision rationale: Electromyography/Nerve Conduction Velocity of the bilateral lower extremities is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). According to the guidelines, Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis and there was no confirmation with the MRI. There is no indication for EMG/NCV of the bilateral lower extremities; therefore, the request is not medically necessary.