MAXIMUS Federal Services

Case Number:	CM14-0205737		
Date Assigned:	12/17/2014	Date of Injury:	01/29/2014
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, 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 is a patient with a date of injury of January 29, 2014. A utilization review determination dated November 17, 2014 recommends noncertification of nerve conduction velocity and electromyography of bilateral lower extremities. Noncertification was recommended due to no documentation of sensory, motor, or reflex dysfunction consistent with radiculopathy and no symptoms or findings of peripheral neuropathy. A progress report dated November 6, 2014 identifies subjective complaints of low back pain. The note indicates that the patient's pain radiates into the left lower extremity. The patient also has left leg numbness in the plantar aspect of his left foot with burning down his left leg. Physical examination reveals tenderness in the L4-5 area and left sacroiliac joint. There is slightly reduced range of motion with flexion and extension. Normal strength and reflexes are noted. There is hyperesthesia at L5-S1 and positive straight leg raising on the left side. The note indicates that the patient has previously undergone physical therapy. Diagnosis is lumbar strain with annular lumbar disc tear at L4-5. The treatment plan recommends Motrin, Prilosec, Vicodin, gabapentin, and a topical compound. Additionally, exercise is recommended. NCV/EMG study is recommended for consideration of one lumbar epidural steroid injection. Acupuncture notes are provided for review. A report dated February 20, 2014 recommends an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity and electromyography of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Low Back chapter, Lumbar & Thoracic (Acute & Chronic), EMGs / Nerve conduction studies

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, it appears clear that the patient has hyperesthesia in a dermatomal distribution. Additionally, it appears the patient has undergone an MRI previously. It is unclear if the patient's MRI findings are sufficient to explain the patient's current subjective complaints and objective examination findings. If they are, then it is unclear why an electrodiagnostic study would be needed. Furthermore, there is no identification of any symptoms or findings consistent with peripheral neuropathy to support the need for the nerve conduction velocity component of the electrodiagnostic testing. In the absence of clarity regarding those issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.