

Case Number:	CM14-0209315		
Date Assigned:	12/22/2014	Date of Injury:	02/21/2013
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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:

The injured worker (IW) is a 29-year-old woman with a date of injury of February 21, 2013. The mechanism of injury was a fall. The injured worker's working diagnoses are displacement of lumbar intervertebral disc; spondylolisthesis; and degeneration of lumbar or lumbosacral intervertebral disc. Pursuant to the follow-up evaluation dated November 27, 2014, the IW continued severe back pain and radiating leg pain, left worse than right. The pain is described as burning, stabbing, tingling, and radiating. The pain extends from the medial thigh and groin down to the knees on the left side. Examination of the lumbar spine reveals positive straight leg raise test on the left side. There is a diminished patellar reflex on the left. Patellar reflex is normal on the right. There are normal Achilles reflexes bilaterally. MRI of the lumbar spine shows disc disease, worse at the L4-L5 level, causing moderate bilateral foraminal narrowing and facet arthropathy. The IW was referred to a spine specialist who reports he does not believe her to be a surgical candidate. The IW has completed 12 sessions of physical therapy to the lumbar spine. According to the follow-up note dated October 24, 2014, the treating physician is recommending an additional 12 sessions of PT to strengthen her lumbar spine. The current request is for EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator 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 Procedure

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 Section, NCV/EMG

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, EMG/nerve conduction studies bilateral lower extremities are not medically necessary. The ACOEM indicates unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker has complaints of worsening low back and leg pain pursuant to a November 17, 2014 progress note. Physical examination shows a positive straight leg raising test on left. There are no other significant neurologic findings present. MRI lumbar spine shows disc disease worse at L4 - L5 causing moderate bilateral foraminal narrowing and facet arthropathy. There is no documentation the injured worker is considering surgery and the treating physician does not consider the injured worker a surgical candidate. The Official Disability Guidelines indicates there was minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The guidelines do not support nerve conduction studies for the lower extremities. Consequently, absent guideline support nerve conduction velocity studies, NCV/EMG studies bilateral lower extremities are not medically necessary.