MAXIMUS Federal Services

Case Number:	CM14-0209495		
Date Assigned:	12/22/2014	Date of Injury:	10/17/2013
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
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 Family Practice 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 32 year-old man who was injured at work on 10/17/2013. The injury was primarily to his back and left shoulder. He is requesting review of denial for an EMG/NCV of his Right Lower Extremity. Medical records corroborate ongoing care for his injuries. The most recent visit in the available records was on 11/13/2014. The patient was complaining of constant pain in his lower back that radiated to his right buttock/posterior thigh/knee and calf. As part of his evaluation he had an MRI of the lumbar spine on 8/1/2014. An examination of the back was remarkable for a normal gait. He had normal strength and deep tendon reflexes of his lower extremities. His straight leg raise test was negative bilaterally. The MRI showed a small right paracentral disc protrusion. The assessment was "right sided idiopathic low back pain." It was noted that the patient had no physical examination findings to confirm radiculitis. In the Utilization Review process the MTUS/ACOEM Guidelines were cited. The rationale for non-certification was as follows: "there are no definitive neurologic findings on the physical exam or unequivocal findings that identify specific nerve compromise on the neurologic exam to support the need for EMG/NCV."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. As part of the evaluation, these guidelines recommend an assessment on history and physical examination for "red flag" signs that are suggestive of neurologic impingement. The guidelines also comment on the use of electrodiagnostic testing. The guidelines state, "Electromyography (EMG), 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 guidelines go further to describe the "Evaluation of Slow-To-Recover Patients with Occupational Low Back Complaints" (Figure 12-3/Page 313). In those patients with no neurologic symptoms, electrodiagnostic studies were not recommended. In this case, there is no documentation that the patient is having any right lower extremity symptoms consistent with a neurologic disorder. There is no documentation to suggest that the patient is having any of the "red flag" symptoms described in the cited MTUS guidelines. Further, the examination of the patient's lower extremities was normal. Under these conditions, the request for electrodiagnostic studies of the right lower extremity is not considered as medically necessary.