

Case Number:	CM14-0053742		
Date Assigned:	07/07/2014	Date of Injury:	03/15/2013
Decision Date:	04/23/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 28-year-old male who sustained an industrial injury on 03/15/2013. He reported pain in the lumbar spine. The injured worker was diagnosed as having lumbosacral radiculitis, sacroiliac ligament sprain, and lumbar muscle strain. Treatment to date has included work modifications. Currently, the injured worker complains of low back pain that has increased. The worker complains of constant low back pain that he rates as 8-10/10 in intensity and intermittently radiates with numbness and tingling to the right calf. The worker has had a MRI, and treatment authorization is requested for Needle Electromyography (EMG) of the right lower extremity and Nerve Conduction Velocity (NCV) study of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Needle Electromyography (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Low Back (updated 03/31/14): EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303, 310.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. 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. In this case, the patient has no complaints of numbness or tingling to the lower extremities. There is no weakness of the lower extremities on physical examination. EMG is not indicated. The request should not be authorized. The request IS NOT medically necessary.

Nerve Conduction Velocity (NCV) study of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 03/31/14): Nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case, the patient has no complaints of numbness or tingling to the lower extremities. There is no weakness of the lower extremities on physical examination. Nerve conduction velocity studies are not indicated. The request should not be authorized. The request IS NOT medically necessary.