

Case Number:	CM15-0009780		
Date Assigned:	01/27/2015	Date of Injury:	09/29/2014
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old male who reported an injury on 09/29/2014. The mechanism of injury was a fall. He was diagnosed with L4 fracture. Other therapies were noted to include medication and physical therapy. On 11/25/2014, the injured worker reported ongoing back pain and rib pain. Upon physical examination, he was noted to have tenderness of the lumbar spine with a positive straight leg raise and cross leg test. His current medications were not provided. The treatment plan included a request for EMG/NCT and x-rays. A request was submitted for EMG/NCT of lumbar spine per [REDACTED]. The treating physician's rationale was the injured worker had a slow response to conservative care and findings on physical examination, therefore, the treating physician recommend an EMG/NCT. On 12/13/2014, the injured worker reported ongoing pain in the ribs. Upon physical examination, he was noted to have tenderness to palpation of the ribs. On physical examination of the back, he was noted to have difficulty in full range of motion of the lumbar spine. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCT of Lumbar Spine per [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies (NCS), and EMGs (Electromography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low back, EMGs (electromyography), Nerve conduction studies (NCS).

Decision rationale: The request for EMG/NCT of lumbar spine per [REDACTED] is not medically necessary. The CA MTUS/ACOEM guidelines recommend for the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions, as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The guidelines indicate that nerve conduction studies are not recommended, and have low sensitivity and specificity when combined with EMGs. NCVs are generally performed when there is evidence of peripheral neuropathy. The clinical documentation provided for review does not provide evidence that the patient had significant neurological deficits to show medical necessity for the requested service. There was a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity test. In addition, the guidelines do not recommend nerve conduction studies for low back conditions. As such, the request is not medically necessary.