

Case Number:	CM15-0033269		
Date Assigned:	02/26/2015	Date of Injury:	02/26/2011
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 32 year old male, who sustained an industrial injury on 02/26/2011. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar discopathy, radiculitis and facet joint pain. Treatment to date has included oral pain medication and lumbar epidural steroid injections, application of ice, rest and massage. The utilization review references a progress note from 12/10/2014, however this documentation was not included for review. The most recent physician note is a QME report dated 11/17/2014, which indicated that the injured worker complained of low back pain and new pain radiating to the right leg. Objective findings were notable for decreased range of motion of the lumbosacral spine and mild spasm of the paravertebral muscles. There was no medical documentation submitted that pertains to the current treatment request. On 01/22/2015, Utilization Review modified a request for Electromyography and nerve conduction studies of the bilateral lower extremities to electromyography of the bilateral lower extremities, noting that there was no clinically obvious radiculopathy or failed selective nerve root injections. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is thoracolumbar strain, L4 - L5 disc protrusion. There is no documentation from the treating/requesting physician for the EMG/NCV to determine the clinical indication and rationale. The utilization review provides an analysis. According to a qualified medical examination (QME) reevaluation on November 7, 2014, the injured worker has subjective complaints of right-sided low back pain with new subjective complaints of right radicular pain to the level of the toes. These are new subjective complaints that were not present in the previous clinical examination. The injured worker was evaluated on December 10, 2014 for complaints of back pain and right lower extremity pain. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. A nerve conduction study is not recommended. Additionally, there are no neurologic findings referable to the left lower extremity. Bilateral EMGs/NCV's are not clinically indicated. Consequently, absent clinical documentation to support a bilateral EMG/NCV, bilateral lower extremity EMG/NCV studies are not medically necessary.