

Case Number:	CM15-0043567		
Date Assigned:	03/13/2015	Date of Injury:	09/23/2013
Decision Date:	04/20/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/09/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 09/23/2013. He reported a low back pain and thoracic pain. The injured worker is currently diagnosed as having lumbar intervertebral disorder with myelopathy, thoracic sprain/strain, and lumbar radicular syndrome. Treatment to date has included chiropractic treatment, physical therapy with home exercise program, acupuncture and medications. In a progress note dated 02/11/2015, the injured worker presented with complaints of a flare up of pain today with increased numbness/tingling in his left lower extremity. The treating physician has requested an electromyography (EMG)/ nerve conduction velocities (NCVs) of the lower extremities, physical therapy x 8, and 2 chiropractic sessions to instruct injured worker on home care. The Utilization Review on 2/21/15 modified the request for approval of the EMGs as supported by the MTUS and ODG guidelines. The NCVs were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram)/ NCV (nerve conduction velocity), 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: Low Back - lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Electrodiagnostic studies and Nerve conduction studies.

Decision rationale: The MTUS ACOEM guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODG guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The injured worker has clear documentation of sensory findings with a diagnosis of lumbar radiculopathy. He is presumed to have symptoms on the basis of radiculopathy. As such nerve conduction velocities are not recommended. The Utilization Review on 2/21/15 did modify the request to allow the EMGs only. The request for EMG/NCV testing of the bilateral lower extremities is not supported by the MTUS and ODG guidelines and is determined to be not medically necessary.