

Case Number:	CM15-0057038		
Date Assigned:	04/01/2015	Date of Injury:	01/11/2000
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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 59 year old female, who sustained an industrial injury on 1/11/2000. She reported initial complaints of acute pain in the right hip and low back. The injured worker was diagnosed as having displacement of lumbosacral disc; lumbosacral radiculitis; lumbosacral degenerative disc disease. Treatment to date has included EMG/NCV (2000); medication. Currently, per the PR-2 notes dated 3/13/15, the injured was in the office on this date for a pharmacological re-evaluation. The injured worker reports she is better than one month ago with respect to her back and right hip pain. The provider's PR-2 notes dated 1/5/15, demonstrate the injured worker has lumbosacral spine pain, right hip pain and right lower extremity segmental sciatica. Under the "Discussion" portion of the notes, the provider documents "some weakness in the left lower extremity and she limps and uses a cane to ambulate". The provider is requesting an EMG (Electromyography)/NCS (Nerve conduction velocity studies) of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG (Electromyography)/NCS (Nerve conduction velocity studies) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, left lower extremity EMG/NCV is 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 identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured workers working diagnoses are displacement lumbar disc without myelopathy; lumbosacral radiculitis; and lumbar degenerative disc disease. Subjectively, the injured workers primary complaints of back pain, right hip pain, right sciatica and left leg weakness. The onset of symptoms dates back to the date of injury, January 11, 2000. The utilization review indicates the injured worker underwent a prior EMG/NCV study. The report was not present in the medical record. In a progress note dated March 13, 2015, the documentation indicates the requested EMG/NCV of the left lower extremity is a repeat study ordered for comparison purposes. The documentation shows the injured worker symptoms have waxed and waned since the date of injury. The clinical documentation does not show any new neurologic findings or compelling clinical facts to warrant a repeat EMG/NCV study. Consequently, absent compelling clinical documentation with a change in neurologic signs or symptoms with a previous EMG/NCV performed (not in the medical record), left lower extremity EMG/NCV is not medically necessary.