

Case Number:	CM15-0058954		
Date Assigned:	04/03/2015	Date of Injury:	03/07/2012
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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, Illinois
 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 61-year-old female who reported an injury on 03/07/2012. The mechanism of injury was not provided. The injured worker was noted to have an orthopedic surgery on the left at L4 and L5 on 09/27/2013. Other therapies included medication, a TENS unit, activity modification, physical therapy, acupuncture, and chiropractic care. The documentation of 01/26/2015 revealed the injured worker had motor strength of 5/5 with the exception of the left hallucis longus strength of 4/5. The injured worker had decreased sensation on the left on the lateral leg and dorsum of the foot which would be L5 and decreased sensation on the sole of the foot and posterior leg which would be S1. The supine straight leg raise test was positive on the left and the seated straight leg raise positive on the left. The compression test was negative. The diagnosis included low back pain and sciatica. The treatment plan included bilateral lower extremity EMG/NCVs and the request for Lyrica which helped with leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of conservative care specifically directed at the lower extremities. There was a lack of documentation of prior examinations to support the necessity for an EMG. The injury was noted to be in 2012 and prior diagnostic studies were not provided. Given the above, the request for electromyography of the right lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) 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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Nerve conduction studies (NCS).

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Nerve Conduction Velocity (NCV) of the Right Lower Extremity is not medically necessary.

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks.

There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of conservative care specifically directed at the lower extremities. There was a lack of documentation of prior examinations to support the necessity for an EMG. The injury was noted to be in 2012 and prior diagnostic studies were not provided. Given the above, the request for electromyography of the left lower extremity is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Nerve conduction studies (NCS).

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Nerve Conduction Velocity (NCV) of the Left Lower Extremity is not medically necessary.