

Case Number:	CM15-0085480		
Date Assigned:	05/07/2015	Date of Injury:	02/19/2011
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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

Certification(s)/Specialty: Emergency 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 (IW) is a 58-year-old female who sustained an industrial injury on 02/19/2011 due to a fall. Diagnoses include lumbosacral nerve root pain and degeneration of intervertebral disc, lumbar. Treatments to date included medications, acupuncture, physical therapy, bracing and epidural steroid injections. An MRI of the lumbar spine dated 5/9/12 showed degenerative disc disease and facet arthropathy with retrolisthesis at L4-5 with mild canal stenosis and L3-4 and L4-5 mild neural foraminal narrowing. EMG/NCV testing of the bilateral lower extremities conducted on 4/6/12 was inconclusive for radiculopathy. According to the progress notes dated 1/20/15, the IW reported pain in multiple areas, but was concerned about increased weakness in the left lower extremity. Objective findings included diffuse motor deficit in the left lower extremity versus the right. A request was made for electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Velocity (NCV of the lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Edition Chapter, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

Decision rationale: EMG (Electromyography) and NCV (Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting subtle nerve root dysfunction. Patient has obvious radiculopathy and nerve root dysfunction supported by MRIs and physical exam. There is no evidence based rationale or any justification noted by the requesting provider for an EMG for an obvious radiculopathy. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.