

Case Number:	CM14-0009331		
Date Assigned:	02/14/2014	Date of Injury:	09/16/2004
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 09/16/2004. The patient's diagnoses are annular tears at L4-S1 with radiculitis to the left knee. On 12/06/2013, the treating physician submitted a supplemental report noting the patient reported back pain since 11/29/2013 with sharp pain through the left side of the low back. The treating physician noted the patient had been suffering from this pain for a long period of time and had various evaluations with persistent pain. The treating physician planned to obtain an MRI (magnetic resonance imaging) in order to evaluate the patient's symptoms further, noting the last MRI was in 2007. The treating physician also recommended electrodiagnostic studies of both legs due to left leg weakness.  

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

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

Decision rationale: The MTUS/ACOEM Guidelines state that when there are objective neurological deficits on examination or a strong clinical suspicion of a lumbar radiculopathy, the guidelines do not support indication for electrodiagnostic studies. Electrodiagnostic studies instead would be indicated when the clinical presentation is subtle or when the differential diagnoses include items which cannot be evaluated by MRI (magnetic resonance imaging) of the spine such as a focal or generalized peripheral neuropathy. In this case, the medical records indicate that the treating physician does suspect a radiculopathy and has requested an MRI of the lumbar spine. The records do not document an additional differential diagnosis to include a focal or generalized peripheral neuropathy. The treatment guidelines do not support an indication for nerve conduction studies or electromyography in this situation. This request is not medically necessary.

NCV OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

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

Decision rationale: The MTUS/ACOEM Guidelines state that when there are objective neurological deficits on examination or a strong clinical suspicion of a lumbar radiculopathy, the guidelines do not support indication for electrodiagnostic studies. Electrodiagnostic studies instead would be indicated when the clinical presentation is subtle or when the differential diagnoses include items which cannot be evaluated by MRI (magnetic resonance imaging) of the spine such as a focal or generalized peripheral neuropathy. In this case, the medical records indicate that the treating physician does suspect a radiculopathy and has requested an MRI of the lumbar spine. The records do not document an additional differential diagnosis to include a focal or generalized peripheral neuropathy. The treatment guidelines do not support an indication for nerve conduction studies or electromyography in this situation. This request is not medically necessary.

EMG OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

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

Decision rationale: The MTUS/ACOEM Guidelines state that when there are objective neurological deficits on examination or a strong clinical suspicion of a lumbar radiculopathy, the guidelines do not support indication for electrodiagnostic studies. Electrodiagnostic studies instead would be indicated when the clinical presentation is subtle or when the differential

diagnoses include items which cannot be evaluated by MRI (magnetic resonance imaging) of the spine such as a focal or generalized peripheral neuropathy. In this case, the medical records indicate that the treating physician does suspect a radiculopathy and has requested an MRI of the lumbar spine. The records do not document an additional differential diagnosis to include a focal or generalized peripheral neuropathy. The treatment guidelines do not support an indication for nerve conduction studies or electromyography in this situation. This request is not medically necessary.

NCV OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

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

Decision rationale: The MTUS/ACOEM Guidelines state that when there are objective neurological deficits on examination or a strong clinical suspicion of a lumbar radiculopathy, the guidelines do not support indication for electrodiagnostic studies. Electrodiagnostic studies instead would be indicated when the clinical presentation is subtle or when the differential diagnoses include items which cannot be evaluated by MRI (magnetic resonance imaging) of the spine such as a focal or generalized peripheral neuropathy. In this case, the medical records indicate that the treating physician does suspect a radiculopathy and has requested an MRI of the lumbar spine. The records do not document an additional differential diagnosis to include a focal or generalized peripheral neuropathy. The treatment guidelines do not support an indication for nerve conduction studies or electromyography in this situation. This request is not medically necessary.