

Case Number:	CM14-0117712		
Date Assigned:	08/06/2014	Date of Injury:	03/30/2011
Decision Date:	10/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 53-year-old female with a reported date of injury of 03/30/2011. The mechanism of injury was noted as a fall. The diagnoses included right hip labral tear, right wrist carpal tunnel, and lumbar spine degenerative disease. The past treatments were not documented in the records. The MRI revealed L5 to S1 nerve root on the left side with mild neural foraminal narrowing, and there is impingement of L5-S1 nerve root on the left. There is no relevant surgical history documented in the records. The subjective complaints on 06/25/2014 included back pain and severe shooting pain down her legs, mostly on the left side, but some on the right as well. The physical examination noted positive straight leg raise to the left, reflexes are +2, and weakness at the L5-S1 distribution. The medications were not documented in the records. The treatment plan was to order EMG/NCV for the bilateral lower extremities. The request was received for EMG for the left lower extremity, NCV for the left lower extremity, NCV for the right lower extremity, and EMG for the right lower extremity. The rationale for the request was to evaluate the shooting pain and look for evidence of radiculopathy. The Request for Authorization Form was dated on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR 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 request for EMG FOR THE LEFT LOWER EXTREMITY is not medically necessary. The California MTUS/ACOEM Guidelines state Electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The injured worker has chronic back pain. The MRI indicates there is impingement on the L5-S1 nerve root, which is constant with the physical exam findings of a positive straight leg raise and decreased strength to the L5-S1 distribution. The notes clearly indicate that the injured worker has radiculopathy. As there is clearly established radiculopathy the request is not supported by the guidelines. As such, the request is not medically necessary.

NCV FOR 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

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 - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request for NCV FOR THE LEFT LOWER EXTREMITY is not medically necessary. The Official Disability Guidelines state 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. As nerve conduction studies are not supported by the guidelines the request is not supported. As such, the request is not medically necessary.

NCV FOR 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

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 - Lumbar & Thoracic, Nerve conduction studies (NCS).

Decision rationale: The request for NCV FOR THE RIGHT LOWER EXTREMITY is not medically necessary. The Official Disability Guidelines state 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. As nerve conduction studies are not supported by the guidelines the request is not supported. As such, the request is not medically necessary.

EMG FOR 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 request for EMG FOR THE RIGHT LOWER EXTREMITY is not medically necessary. The California MTUS/ACOEM Guidelines state Electromyography, including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The injured worker has chronic back pain. The MRI indicates there is impingement on the L5-S1 nerve root, which is constant with the physical exam findings of a positive straight leg raise and decreased strength to the L5-S1 distribution. The notes clearly indicate that the injured worker has radiculopathy. As there is clearly established radiculopathy the request is not supported by the guidelines. As such, the request is not medically necessary.