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| Case Number: | CM14-0140945 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 07/11/2008 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 year old male with a reported date of injury on 02/01/1998. The mechanism of injury occurred due to a fall. The diagnoses included lumbar radiculopathy. The past treatments included pain medications, physical therapy, and epidural steroid injections. The MRI on 08/02/2013 was noted to reveal bilateral foraminal narrowing at the L4-L5 and L5-S1 level. The surgical history consisted of a laminectomy in 2004. The subjective complaints on 08/13/2014 included low back and left leg pain, rated 7/10. The physical examination noted the patient has associated foraminal stenosis at L3-L4, L4-5, and L5-S1 bilaterally on the MRI and he has dermatomal distribution of paresthesia that follow nerve root compression at these levels. The medications included Fentanyl patch. The treatment plan was to order MRI and an EMG. A request was received for Electromyography (EMG) of the Bilateral Lower Extremities and for Nerve Conduction Velocity (NCV) of bilateral lower extremities. The rationale for the request was not provided. The request for authorization form was dated 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic): Electromyography (EMG)

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

Decision rationale: The request for Electromyography (EMG) of the Bilateral Lower Extremities is not medically necessary. The California MTUS/ACOEM Guidelines recommend Electromyography (EMG), 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 patient has chronic low back pain. The MRI revealed foraminal stenosis at L3-L4, L4-5, and L5-S1 bilaterally. However there was no physical exam finding suggestive of radiculopathy such as decrease sensation, decreased motor strength, or diminished reflexes. In the absence of clear neurological deficits the request is not supported. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic): 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 - Lumbar & Thoracic, Nerve conduction studies (NCS)

Decision rationale: The request for Nerve Conduction Velocity (NCV) of bilateral lower extremities is not medically necessary. The Official Disability Guidelines state NCV 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.