

Case Number:	CM14-0142936		
Date Assigned:	09/10/2014	Date of Injury:	04/12/2014
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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:

This is a 57-year-old male with a date of injury of 4/12/14. The mechanism of injury occurred when he was lifting a heavy bag of charcoal and injured his low back area and the right leg. An MRI of the lumbar spine dated 5/30/14 revealed degenerative changes at the L4-L5 and L5-S1 level, no disc herniation or central canal stenosis identified at any lumbar level, and moderate bilateral foraminal narrowing at L4-L5 and L5-S1. On 8/12/14 he complained of constant low back pain shooting down the legs, right more than left, with tingling, numbness and paresthesia. On exam the right and left sided sitting straight leg raise were positive. There was increased lumbar lordosis and ROM of the LS spine is restricted. The diagnostic impression is right lumbar radiculitis and sciatica. Treatment to date: physical therapy, TENS Unit, X-Rays, MRI of LS Spine, medication management. A UR decision dated 8/21/14 modified the request for a EMG/NCV (Nerve Conduction Study) of the lower extremities to EMG of the lower extremities only. The patient does have radicular symptoms with positive neurologic findings consistent with radiculopathy on examination. He has failed conservative treatment. An MRI has shown disc bulging, however, has not definitively shown evidence of nerve root compromise. An EMG study would be supported to rule in or out nerve root dysfunction. However, there is no indication on examination of peripheral neuropathy to support an NCV study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study of lower extremities: Overturned

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 chapter, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient had an MRI of the lumbar spine on 5/30/14, which showed no evidence of nerve root impingement. However, he continues to have radicular symptoms with associative paresthesias in the lower extremities despite conservative management. The EMG portion of the study was already certified and the NCS could be useful in establishing the etiology of the patient's ongoing symptoms. Therefore, the NCS of lower extremities was medically necessary.