

Case Number:	CM14-0145378		
Date Assigned:	09/12/2014	Date of Injury:	02/27/2012
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Pain Medicine, and is licensed to practice in Oklahoma. 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 50-year-old female with a reported injury of 02/27/2012. The mechanism of injury was a fall. The injured worker's diagnoses included lumbar radiculopathy and status post lumbar fusion. The injured worker's past treatments included pain medication, acupuncture therapy, physical therapy, and chiropractic therapy. The injured worker's diagnostic testing included EMG/NCV studies, which revealed findings of S1 radiculopathy, on 08/20/2014. The injured worker's surgical history included lumbar fusion on 01/24/2013 at the L4-5 level. The subjective complaints on 07/29/2014 included low back pain rated 6/10. The objective physical exam findings noted diminished sensation in the right L4, L5, and S1 dermatomes. The exam also noted decreased lumbar range of motion and diminished right knee reflexes compared to the left. The injured worker's medications included tramadol ER, Norflex ER, ketoprofen, and Prilosec. The treatment plan was for additional chiropractic therapy visits, Functional Capacity Evaluation, and a repeat EMG/NCS of the bilateral lower extremities study. A request was received for EMG of the bilateral lower extremities and NCS bilateral lower extremities. The rationale for the request is that the study is outdated from an interventional standpoint and would need an updated study. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for EMG bilateral lower extremities 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 notes indicate an EMG of the bilateral lower extremities was performed on 08/20/2014 and revealed bilateral S1 radiculopathy. The physical examination noted diminished right knee reflexes and diminished sensation in the right L4, L5, and S1 dermatomes. The physical examination and EMG are consistent for radiculopathy. As there is clear radicular findings to specific dermatomes along with corroboration of radiculopathy by recent EMG, the request is not supported by the guidelines. As such, the request for EMG bilateral lower extremities is not medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 NCS bilateral lower extremities 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 for suspected radiculopathy, the request is not supported. As such, the request for NCS bilateral lower extremities is not medically necessary.