

Case Number:	CM14-0146181		
Date Assigned:	09/12/2014	Date of Injury:	04/21/2012
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 41 year-old patient sustained an injury to her lower back on 4/21/12 from turning and positioning a patient. Request(s) under consideration include EMG/NCS (electromyography/nerve conduction study). Diagnoses include lumbar disc disease and lumbar radiculopathy. MRI of the lumbar spine dated 12/4/13 showed spondylosis and anterolisthesis of L5 on S1 with significant foraminal narrowing at L5-S1 level. Report of 3/11/14 noted exam findings of positive SLR with intact sensation and motor strength except for left toe extensor at 4+5. Report of 6/23/14 from the provider noted Skelaxin and Vimovo providing pain relief with VAS of 4/10. Evaluation on 6/27/14 noted recommendations for Lumbar epidural steroid injection planned. Report of 8/19/14 from the provider noted the patient had improvement of symptoms with prior epidural steroid injection on 5/8/14, now with only symptoms involving foot pain. Exam showed unchanged lumbar range limitation with intact motor strength and sensation. Plan included second LESI, medication refills, and EMG/NCS. The request(s) for EMG/NCS (electromyography/nerve conduction study) was non-certified on 9/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS (electromyography/nerve conduction study): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 22. Decision based on

Non-MTUS Citation Official disability Guidelines (ODG), Treatment Index 12th Edition (web)
2014 Low Back-Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: This 41 year-old patient sustained an injury to her lower back on 4/21/12 from turning and positioning a patient. Request(s) under consideration include EMG/NCS (electromyography/nerve conduction study). Diagnoses include lumbar disc disease and lumbar radiculopathy. MRI of the lumbar spine dated 12/4/13 showed spondylosis and anterolisthesis of L5 on S1 with significant foraminal narrowing at L5-S1 level. Report of 3/11/14 noted exam findings of positive SLR with intact sensation and motor strength except for left toe extensor at 4+5. Report of 6/23/14 from the provider noted Skelaxin and Vimovo providing pain relief with VAS of 4/10. Evaluation on 6/27/14 noted recommendations for Lumbar epidural steroid injection planned. Report of 8/19/14 from the provider noted the patient had improvement of symptoms with prior epidural steroid injection on 5/8/14, now with only symptoms involving foot pain. Exam showed unchanged lumbar range limitation with intact motor strength and sensation. Plan included second LESI, medication refills, and EMG/NCS. The request(s) for EMG/NCS (electromyography/nerve conduction study) was non-certified on 9/4/14. There were no neurological deficits defined identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. Additionally, the patient is s/p multiple LESI with noted relief of symptoms, negating indication for diagnostic study. The EMG/NCS (electromyography/nerve conduction study) is not medically necessary and appropriate.