

Case Number:	CM14-0146714		
Date Assigned:	09/12/2014	Date of Injury:	01/02/2014
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
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 Preventive 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:

According to the records made available for review, this is a 54-year-old male with a 1/2/14 date of injury. At the time (8/12/14) of request for authorization for EMG, right lower extremity, NCS, left upper extremity, EMG, left lower extremity, and NCS, left lower extremity, there is documentation of subjective (low back pain shooting down to back of both legs associated with numbness and tingling in left anterior thigh) and objective (tenderness over the L4-S1 paraspinal muscles and bilateral facet joints, decreased range of motion with pain, and reduced sensation in the left anterior thigh) findings, current diagnoses (lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain), and treatment to date (medications and treatment with H-wave unit). Regarding EMG of the right lower extremity, there is no documentation of focal neurologic dysfunction (in the RIGHT lower extremity) with low back symptoms lasting more than three to four weeks. Regarding NCS of the left upper extremity, there is no documentation of subjective/objective findings (in the LEFT UPPER extremity) consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG , right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain. In addition, there is documentation of failure of conservative treatment (medications and treatment with H-wave unit). However, despite documentation of subjective (low back pain shooting down to back of both legs associated with numbness and tingling in left anterior thigh) findings, and given documentation of objective (reduced sensation in the LEFT anterior thigh) findings, there is no documentation of focal neurologic dysfunction (in the RIGHT lower extremity) with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for EMG, right lower extremity is not medically necessary.

NCS, left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain. However, there is no documentation of subjective/objective findings (in the LEFT UPPER extremity) consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCS, left upper extremity is not medically necessary.

EMG, left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain. In addition, given documentation of subjective (low back pain shooting down to back of both legs associated with numbness and tingling in left anterior thigh) and objective (reduced sensation in the left anterior thigh) findings, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks. Furthermore, there is documentation of failure of conservative treatment (medications and treatment with H-wave unit). Therefore, based on guidelines and a review of the evidence, the request for EMG, left lower extremity is medically necessary.

NCS, left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar discogenic pain syndrome, lumbar radiculitis, myofascial pain, and lumbar facetogenic pain. In addition, there is documentation of failure of conservative treatment (medications and treatment with H-wave unit). Furthermore, given documentation of subjective (low back pain shooting down to back of both legs associated with numbness and tingling in left anterior thigh) and objective (reduced sensation in the left anterior thigh) findings, there is documentation of focal neurologic dysfunction with low back symptoms lasting more than three to four weeks that is consistent with a patient presumed to have symptoms on the basis of radiculopathy. Therefore, based on

guidelines and a review of the evidence, the request for NCS, left lower extremity is not medically necessary.