

Case Number:	CM14-0146819		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2010
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
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, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old female with an injury date of 07/18/2010. Based on the 06/27/2014 progress report, the patient complains of constant, moderate, dull, sharp, occasionally, burning lower back pain with numbness, tingling, and muscle spasms. The patient also complains of having constant, severe, sharp bilateral hip pain and stiffness which is aggravated by movement. There is tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. There is also muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. The 08/12/2014 progress report indicates that the patient continues to complain of lumbar spine pain which she describes as being sharp. The patient's diagnoses include the following: 1. Lumbar sprain/strain. 2. Sprain/strain of hip/thigh. The utilization review determination being challenged is dated 08/18/2014. Treatment reports were provided from 03/08/2014 - 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) nerve conduction velocity of the lumbar spine (lower back) as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Evidence Based Guidelines (EBM)

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

Decision rationale: Based on the 06/27/2014 progress report, the patient complains of having lumbar spine pain and bilateral hip pain. The request is for an EMG (electromyography) of the lumbar spine (lower back) as an outpatient. There is no documentation provided in regards if the patient has previously had an EMG. For EMG, ACOEM Guidelines page 303 states, "electromyography, including H-reflex test may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." In this case, the patient has been complaining of having lower back pain since 03/08/2014. This request is medically necessary.

NCV (nerve conduction velocity) of the lumbar spine (lower back) as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Evidence Based Guidelines (EBM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCV studies.

Decision rationale: Based on the 06/27/2014 progress report, the patient complains of having lumbar spine pain and bilateral hip pain. The request is for an NCV (nerve conduction velocity) of the lumbar spine (lower back) as an outpatient. There is no indication that the patient had any previous NCV studies conducted. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "not recommended. There is a no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrates the neurological testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." Given that, this patient has had persistent lumbar spine pain and bilateral hip pain, NCV studies may be helpful to uncover any peripheral neuropathy. This request is medically necessary.