

Case Number:	CM14-0149886		
Date Assigned:	09/18/2014	Date of Injury:	05/16/2001
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation and is licensed to practice in Texas and 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 57-year-old male who reported an injury on 05/16/2001. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spine multilevel spondylosis and right lower extremity weakness. The injured worker was evaluated on 08/04/2014 with complaints of constant lower back pain with radiation into the right lower extremity. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, and medications. Physical examination revealed spasm at L3-S1, limited lumbar range of motion, a slight limp on the right side, weakness in the right lower extremity, and decreased sensation to pinwheel in the L4-5 and L5-S1 distribution. The injured worker also demonstrated diminished deep tendon reflexes on the right and positive straight leg raising on the right. Treatment recommendations at that time included an EMG/NCV of the bilateral lower extremities. A Request for Authorization form was then submitted on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremities: Upheld

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; EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify a subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines state electromyography may be useful to identify unequivocal evidence of radiculopathy after 1 month of conservative therapy. EMG is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker demonstrated positive straight leg raising on the right with diminished sensation, weakness, and diminished deep tendon reflexes. There is no documentation of radiculopathy in the left lower extremity that would warrant the need for bilateral lower extremity electrodiagnostic testing. As the Official Disability Guidelines do not recommend electromyography when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate.

NCV of the bilateral lower extremities: Upheld

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; EMGs (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify a subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines state electromyography may be useful to identify unequivocal evidence of radiculopathy after 1 month of conservative therapy. EMG is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker demonstrated positive straight leg raising on the right with diminished sensation, weakness, and diminished deep tendon reflexes. There is no documentation of radiculopathy in the left lower extremity that would warrant the need for bilateral lower extremity electrodiagnostic testing. As the Official Disability Guidelines do not recommend electrodiagnostic testing when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate.