

Case Number:	CM14-0157421		
Date Assigned:	10/01/2014	Date of Injury:	04/13/2012
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 was employed at a furniture store with a date of injury of 4/13/12. He was injured lifting heavy materials at work. Since that injury he has had complaint of chronic cervical and lumbar radicular pain. Lumbar MRI on 6/7/12 showed a 3 mm disc protrusion at L4-5 with narrowing of the spinal canal and bilateral lateral recesses and a 2 mm disc protrusion at L5 with narrowing of the spinal canal and mild narrowing of the left lateral recess. His most recent examination shows normal deep tendon reflexes with a positive straight leg raising test on the left for decreased sensation in an L4 distribution. He is diagnosed with left lower extremity radiculopathy. He is currently managed with medications including tramadol, diclofenac and omeprazole. The primary treating physician has requested electrodiagnostic testing (EMG/NCV) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic testing to evaluate lower extremities (nerve conduction test 11-12 studies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index, Electrodiagnostic Studies and Low Back, Electromyography

Decision rationale: The MTUS ACOEM guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has clear documentation of sensory findings in a L4 distribution with a diagnosis of lumbar radiculopathy. There is no indication that surgery is being considered and no indication of possible peripheral neuropathy or progression of the radicular symptoms. The request for electrodiagnostic testing of the bilateral lower extremities is not supported by the MTUS and is determined to be not medically necessary.