

Case Number:	CM14-0166082		
Date Assigned:	10/13/2014	Date of Injury:	08/14/2013
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Pain Management 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 51-year-old female with date of injury of 08/14/2013. The listed diagnoses per the QME report from 05/01/2014 by [REDACTED] are: 1. Neck pain. 2. Thoracic spine pain. 3. Low back pain syndrome. 4. Sciatica. 5. Degenerative disk disease, thoracic and lumbar spine. According to this report, the patient complains of low back pain that she rates between 6/10 to 9/10. It is constant on the right and occasional on the left. She describes the pain as aching and stabbing with periodic numbness in her toes but the pain does not referred much past the mid-thigh area. The examination shows tenderness in the lumbar spine principally on the right paraspinal muscles with withdrawal. She walks without a limp and does not use any assistive devices. Straight leg raise is negative on the right and left. There are good dorsalis pedis pulses and posterior tibialis pulses in right and left ankles. Tenderness was noted in the right paraspinal musculature with no defects. The utilization review denied the request on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter, Nerve Conduction Studies

Decision rationale: This patient presents with low back pain. The provider is requesting an EMG/NCV of the bilateral lower extremities. The ACOEM Guidelines page 303 states 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 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The 09/12/2014 handwritten report notes low back pain with radiating pain to the right. The records do not show any previous EMG/NCV of the bilateral lower extremities. In this case, ODG does not recommend performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. There are no other suspicion that the patient's leg symptoms are due to other conditions. Recommendation is for denial.