

Case Number:	CM14-0167775		
Date Assigned:	10/14/2014	Date of Injury:	03/18/2014
Decision Date:	11/18/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 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:

This is a patient with a date of injury of 3/18/14. A utilization review determination dated 9/4/14 recommends non-certification of EMG/NCV BLE. 7/17/14 chiropractic report identifies lumbar spine pain with radiating to the LLE. On exam, there is tenderness, slight ROM limitation, positive SLR on the left at 45 degrees, standing Kemp's test bilaterally, and diminished sensation deep peroneal and superficial peroneal on the left. MRI was said to demonstrate mild left lateral recess and neural foraminal narrowing at L4-5. Recommendations include EMG/NCV to differentiate between radiculopathy and peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Electrodiagnostic Studies

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic

dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient has pain radiating into the lower extremities with positive SLR and diminished sensation on exam as well as some lateral recess and neural foraminal narrowing on MRI. The provider noted a need to differentiate between radiculopathy and peripheral neuropathy to identify the patient's pain generator(s) given the lack of improvement from treatment to date. In light of the above, the currently requested EMG/NCV of the lower extremities is medically necessary.