MAXIMUS Federal Services

Case Number:	CM14-0183241		
Date Assigned:	11/10/2014	Date of Injury:	08/01/2000
Decision Date:	12/17/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 73-year-old male who has submitted a claim for mechanical back pain and right radiculitis/neurogenic pain associated with an industrial injury date of August 1, 2000. Medical records from 2014 were reviewed, which showed that the patient complained of back pain with right leg radicular pain. Examination revealed positive deep tendon reflexes, significant lumbar spine tenderness, and positive straight leg raise. Treatment to date has included medications. The utilization review from October 10, 2014 denied the request for EMG/NCV between 10/6/2014 and 12/6/2014 because the objective findings did not reveal clear findings of specific nerve compromise. In addition, the documentation did not reveal at least one month of conservative treatment, such as physical therapy. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV between 10/6/2014 and 12/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back- Lumbar & Thoracic (Acute & Chronic)

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) Chronic Pain, Electrodiagnostic testing; Low back Chapter, Nerve Conduction Studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient presented with signs and symptoms suggestive of a radiculopathy such as a radicular leg pain and a positive straight leg raise test. However, both the history and physical examination provided are too lacking to get a better picture of the patient's clinical status. Furthermore, the target body part for the electrodiagnostic studies being requested was not specified. Therefore, the request for EMG/NCV between 10/6/2014 and 12/6/2014 is not medically necessary.