

Case Number:	CM14-0081096		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2013
Decision Date:	10/01/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 33-year-old male, who reported injury on 03/01/2013 caused by an unspecified mechanism. The injured worker's treatment history included Toradol injections, magnetic resonance imaging (MRI). The injured worker was evaluated on 03/27/2014, and it was documented that the injured worker complained of ongoing numbness in his left foot. He reported a little lower back pain. Physical examination of the thoracolumbar spine revealed right/left no tenderness noted; right/left lateral bending was 25 degrees; right/left rotation was 30 degrees; extension was 25 degrees; and, flexion was 60 degrees. Sensory examination of the lower extremities, testing dermatome L1 to S1, was decreased left L5-S1 nerve roots. Motor examination of the lower extremities, testing roots from L1 to S1, was normal, with all muscle groups testing 5/5. In the documentation, the provider noted that they were still awaiting previous medical records to include lumbar magnetic resonance imaging (MRI) study from a lumbar surgery on 11/20/2013. Diagnoses included a lumbosacral sprain with radicular symptoms. In documentation, the provider noted they are still awaiting authorization for the left lower extremity Electromyography/Nerve Conduction Velocity (EMG/NCV) study, as the injured worker continues to experience numbness in his left foot, mainly in his left toe. Request for Authorization, dated 03/27/2014, was for lower extremity Electromyography/Nerve Conduction Velocity (EMG/NCV) study. The rationale was for injured worker's ongoing numbness in his left foot and lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Electromyogram of left low extremities is not medically necessary. CA MTUS /ACEOM do not recommend electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The diagnoses included lumbar sprain with radicular symptoms. There was lack of outcome measurements indicated for the injured worker. It was documented the injured worker received a Toradol injection, however the outcome measurements were not provided. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 03/27/2014 indicating nerve root dysfunction. Given the above, the request for Electromyogram of the left lower extremity is not medically necessary.

Nerve Conduction Velocity of left low extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Nerve Conduction Velocity

Decision rationale: The request for Nerve Conduction Velocity (NCV) lower extremity is not medically necessary. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, Electromyography/Nerve Conduction Velocity (EMG/NCV) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCV. The diagnoses included lumbar sprain with radicular symptoms. There was lack of outcome measurements indicated for the injured worker. It was documented the injured worker received a Toradol injection, however the outcome measurements were not provided. There was no mentioned of a home exercise regimen outcome. Given the above, the request for Nerve Conduction Study of the left low extremities is not medically necessary.

