

Case Number:	CM14-0089931		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2013
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 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:

There were 70 pages provided for review. The application for independent medical review was signed on June 13, 2014. They were for a retrospective EMG and NCS for the left and right lower extremities respectively. Per the records provided, the patient has pain in the low back on the right which traveled down the buttocks to the right foot. There was some numbness on the right on the inside and outside. The patient had heel pain and trouble sleeping along with some irritability and some tension headaches. The flexion extension of the torso was normal but there was pain with rotation and bending. There was tenderness to palpation of the lumbar spine. The patient was diagnosed with lumbar radiculopathy at L5-S1. The patient sustained the injury while working and fell on the slippery surface. The medicines are ibuprofen, Flexeril and Norco. The MRI from November 18, 2013 documented a large disc with neural foraminal encroachment. Peroneal motor studies dated April 11, 2014 documented normal distal latencies and nerve conduction velocities across the knee. These new studies were requested because the patient was reporting radiating pain or numbness suggestive of a compressive mono neuropathy. There was no objective physical examination documenting neurologic signs. There was insufficient information to associate or establish the need for electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 4/11/14) for an EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Electrodiagnostic testing should not take the place of the physician's neurologic physical examination. The request was appropriately not medically necessary.

Retrospective request (DOS: 4/11/14) for an EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

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

Decision rationale: As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Electrodiagnostic testing should not take the place of the physician's neurologic physical examination. The request was appropriately not medically necessary.

Retrospective request (DOS: 4/11/14) for an NCS of the 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 (ODG), Low Back, Nerve conduction studies (NCS).

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

Decision rationale: As shared, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Electrodiagnostic testing should not take the place of the physician's neurologic physical examination. The request was appropriately not medically necessary.

Retrospective request (DOS: 4/11/14) for an NCS of the right 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 (ODG), Low Back, Nerve conduction studies (NCS).

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

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Electrodiagnostic testing should not take the place of the physician's neurologic physical examination. The request was appropriately not medically necessary.