

Case Number:	CM14-0092573		
Date Assigned:	07/25/2014	Date of Injury:	09/13/2000
Decision Date:	09/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pain Medicine and 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 injured worker is a 70 year-old male who reported an injury of unknown mechanism on 09/13/2000. On 05/09/2014, his diagnoses included lumbago and low back pain. His complaints included pain in the low back and legs. He stated that Norco did help him reduce his pain from 6/10 to 4/10. The progress note included a recommendation from a different physician who felt that this worker needed fusion surgery. The treatment plan included recommendations for an EMG/NCV "to determine extent of nerve damage if present" and another recommendation for a CT myelogram "to see what is happening and determine if there is something surgical that would benefit from a procedure." A note from 03/19/2014 included a recommendation for an L3-4 instrumental fusion and decompression. There was no request for authorization included in this patient's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

Decision rationale: California ACOEM Guidelines recommend that electrodiagnostic studies are not recommended for patients with acute, subacute, or chronic back pain who do not have significant lower extremity pain or numbness. As imaging studies, especially CT and MRI, have progressed, the need for EMG has declined; however, EMG remains helpful in certain situations. These include ongoing pain complaints suspected to be of neurological origin, but without clear neurological compromise on imaging studies. EMG can then be used to attempt to rule out or rule in a physiologically important neurological compromise. There are no quality studies regarding the use of electromyography. There was no documentation of previous studies or MRIs confirming nerve root compromise or radiculopathy. Additionally, the body part or parts that were to be tested were not specified in the request. Therefore, this request for an Electromyography test is not medically necessary.

Nerve Conduction Velocity Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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 - Lumbar & Thoracic, Nerve Conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc 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, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The clinical information submitted fails to meet the evidence-based guidelines for nerve conduction velocity studies. Additionally, the body part or parts that were to have been included in the NCV were not specified. Therefore, this request for Nerve Conduction Velocity test is not medically necessary.

Computerized Tomography Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Myelography (Including CT Myelography and MRI Myelography), page 708.

Decision rationale: The California ACOEM Guidelines state that myelography, including CT myelography, is recommended only in uncommon specific situations, for example implanted

metal that precludes MRI, equivocal findings of disc herniation on MRI suspected of being false positives, spinal stenosis, and/or a postsurgical situation that requires myelography. There are no quality studies regarding myelography. Additionally, the body part or parts to be included in the myelogram were not specified in the request. Therefore, this request for a Computerized Tomography Myelogram is not medically necessary.