

Case Number:	CM14-0211085		
Date Assigned:	12/23/2014	Date of Injury:	10/25/2013
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 30-year-old male with a 10/25/13 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/4/14 noted subjective complaints of low back pain radiating to the right leg. Objective findings included decreased lumbar ROM, positive straight leg raise, and antalgic gait. EMG/NCV of the lower extremities on 4/4/14 showed left lumbar radiculopathy at L4, L5, and S1. MRI of the lumbar spine on 5/7/14 showed mild compression of the right S1 nerve. Diagnostic Impression: Lower back pain. Treatment to Date: medication management, physical therapy, TENSA UR decision dated 12/11/14 denied the request for repeat EMG/NCV lower extremity. Per the notes, the injured worker has had EMG of the lower extremities and a lumbar MRI. There are no imaging studies and/or electrodiagnostic testing reports available for this review. There is no clear evidence of progressive neurological deficits. None of the reports available for this review document symptoms in a specific dermatomal pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV Lower Extremity: Upheld

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

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, EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents available for review, the patient has already had a prior EMG/NCV on 4/4/14 showing left sided radiculopathy. There is no documentation of any acute interval changes that would warrant a repeat examination. Furthermore, there is no specific documentation of objective neurological deficits on physical examination. Therefore, the request for repeat EMG/NCV lower extremity was not medically necessary.