

Case Number:	CM14-0212392		
Date Assigned:	01/02/2015	Date of Injury:	05/07/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female with an injury date of 05/07/12. Based on the 10/07/14 progress report, the patient complains of bilateral leg pain, paresthesias, and low back pain. She has a burning sensation in both of her feet. The 11/04/14 report indicates that the patient continues to have low back pain and bilateral leg paresthesias. The patient has an antalgic gait. No further exam findings were provided on this report. The 12/02/14 report states that the patient has a burning sensation in her legs and feels that her legs will give away. She rates her pain as a 7-8/10 and she is currently taking Zipsor, Norco, and Neurontin. The patient's diagnoses include the following: 1. Low back pain 2. Bilateral leg paresthesias. The utilization review determination being challenged is dated 12/02/14. Treatment reports are provided from 06/17/14- 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Nerve Conduction Studies

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

Decision rationale: The patient presents with bilateral leg pain, paresthesias, and low back pain. The request is for an EMG of the right lower extremity. Review of the reports provided do not indicate if the patient has had prior electrodiagnostic studies. The utilization review denial rationale is that "the clinical notes provided do not indicate any objective findings or diagnosis to indicate radiculopathy." For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has bilateral leg pain, paresthesias, low back pain, a burning sensation in both of her legs/feet, an antalgic gait, and feels that her legs will give away. The patient has been complaining of low back pain and paresthesias as early as 06/17/14. The requested EMG of the right lower extremity is medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Nerve Conduction Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with bilateral leg pain, paresthesias, and low back pain. The request is for NCV of the right lower extremity. Review of the reports provided do not indicate if the patient has had prior electrodiagnostic studies. The MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this case, the patient has bilateral leg pain, paresthesias, low back pain, a burning sensation in both of her legs/feet, an antalgic gait, and feels that her legs will give away. The description of the leg symptoms is not entirely consistent with just radiculopathy. NCV studies may be helpful with differential diagnoses. The request is medically necessary.

NCV of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Nerve Conduction Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with bilateral leg pain, paresthesias, and low back pain. The request is for NCV of the left lower extremity. Review of the reports provided do not indicate if the patient has had prior electrodiagnostic studies. The MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this case, the patient has bilateral leg pain, paresthesias, low back pain, a burning sensation in both of her legs/feet, an antalgic gait, and feels that her legs will give away. The description of the leg symptoms is not entirely consistent with just radiculopathy. NCV studies may be helpful with differential diagnoses. The request is medically necessary.

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Nerve Conduction Studies

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

Decision rationale: The patient presents with bilateral leg pain, paresthesias, and low back pain. The request is for an EMG of the left lower extremity. Review of the reports provided do not indicate if the patient has had prior electrodiagnostic studies. The utilization review denial rationale is that "the clinical notes provided do not indicate any objective findings or diagnosis to indicate radiculopathy." For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has bilateral leg pain, paresthesias, low back pain, a burning sensation in both of her legs/feet, an antalgic gait, and feels that her legs will give away. The patient has been complaining of low back pain and paresthesias as early as 06/17/14. The requested EMG of the left lower extremity is medically necessary.