

Case Number:	CM14-0213604		
Date Assigned:	12/31/2014	Date of Injury:	03/12/2012
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabn, Pain Management

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 patient with a date of injury of March 13, 2012. A utilization review determination dated November 24, 2014 recommends noncertification of EMG/NCV of bilateral lower extremities. Noncertification was recommended due to lack of objective findings identifying neurologic deficits. A progress report dated October 29, 2014 identifies subjective complaints of low back pain and left knee pain. Physical examination findings reveal decreased lumbar range of motion with tenderness to palpation over the lumbar and sacral spine. The patient is noted to have a decreased sensation in the L4, 5, and S1 dermatomes of the lower extremities. The patient is diabetic but states that her glucose levels are fairly well controlled. Diagnoses include chronic degenerative disc disease with left S1 compression diagnosed by MRI on June 12, 2012, spinal stenosis, cervical sprain/strain, bilateral shoulder impingement, and bilateral knee contusion. The treatment plan recommends water therapy, MRI of the lumbar spine, and EMG nerve conduction study of bilateral lower extremities. The note indicates that the patient has failed conservative measures including physiotherapy and analgesic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the requesting physician has identified that the patient has failed conservative treatment. Additionally, there is documentation of numbness in a dermatomal distribution in the lower extremities. The physician has indicated that the patient has diabetes. Therefore, it seems reasonable to perform electrodiagnostic studies to determine if the patient's lower extremity numbness is related to peripheral neuropathy or lumbar radiculopathy. As such, the currently requested EMG/NCV of the lower extremities is medically necessary.