

Case Number:	CM15-0000355		
Date Assigned:	01/09/2015	Date of Injury:	05/05/2003
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on 5/5/2003. She has reported lower back pain that radiates to the right lower extremity. Pain Management Progress Report 9/16/2014 noted that the injured worker had diagnoses of lower back pain with radicular symptoms to the right lower extremity; Magnetic Resonance Imaging (MRI) findings of 10- to 11.4-MM anterolisthesis of L5 over S1 with right-sided disc protrusion at this level, and annular tear and disc bulge at L4-L5 and incidental finding of a left kidney cyst. Treatment to date has included on June 13, 2014 a right-sided L5-S1 transforaminal epidural steroid injection and had initially had at least 70-80% relief for three to four weeks and felt at least 50% relief in her back pain and radicular symptoms to the right lower extremity. According to the utilization review performed on December 4, 2014, the requested EMG/NCV of the bilateral lower extremities has been non-certified. MTUS (low back and chronic pain) and Treatment Guidelines were used to determine that the request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

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): 303-304.

Decision rationale: Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. In stead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the documentation doesn't support an abnormal neurological exam. The need for EMG/NCS was not supported by the documentation available for review.