

Case Number:	CM15-0010941		
Date Assigned:	01/28/2015	Date of Injury:	05/21/2014
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: California

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 58 year old male, who sustained an industrial injury on 05/21/2014. He has reported subsequent low back pain and was diagnosed with lumbago. Treatment to date has included oral pain medication, application of heat and ice, physical therapy and chiropractic therapy. Most recently the injured worker complained of lower back pain that was rated as 7/10. The injured worker reported that medications were not effective at relieving pain. Objective physical examination findings were notable for reduced range of motion and tenderness of the lumbar spine with straight leg raise. MRI results were notable for disc degeneration at L2-L3, L3-L4 and L5-S1 and L4-L5 mild right neural foraminal narrowing. A request was made for electromyogram and nerve conduction studies. On 12/23/2014, Utilization Review non-certified a request for electromyogram/nerve conduction studies of the bilateral lower extremities, noting that there were no neurological signs or symptoms to support the need for the study. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) study of bilateral lower extremities: Overturned

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 (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar and Thoracic (Acute and Chronic) (updated 11/21/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Pain (Chronic) Electrodiagnostic testing (EMG/NCS) American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Recommended Policy for Electrodiagnostic Medicine http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG may be used to clarify nerve root dysfunction. Electromyography (EMG) may be useful to identify subtle focal neurologic dysfunction. Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) indicates that electrodiagnostic medicine (EDX) studies can provide information to identify normal and abnormal nerve, muscle, motor or sensory neuron, and neuromuscular junction functioning. Medical records document motor weakness and decreased sensation. Medical records document neurologic deficits. The request for electromyography (EMG) and nerve conduction studies (NCS) are supported by the medical records, ACOEM, ODG, and AANEM guidelines. Therefore, the request for EMG electromyography / NCV nerve conduction velocity study of bilateral lower extremities is medically necessary.