

Case Number:	CM15-0120269		
Date Assigned:	06/30/2015	Date of Injury:	09/17/2014
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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, Hawaii
 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 injured worker is a 47-year-old male, who sustained an industrial injury on 9/17/2014. He reported a fall off a ladder after receiving an electric shock resulting in low back pain. Diagnoses include lumbosacral sprain/strain with right lower extremity radicular symptoms. Treatments to date include activity modification, analgesic, muscle relaxant, acupuncture treatments and physical therapy. Currently, he complained of no change in the low back pain. On 2/26/15, the physical examination documented limited lumbar range of motion. The lumbar spine and right sciatic notch were tender to palpation. There was a positive straight leg raise test on the right side. The plans of care-included continuation of medications as previously prescribed and continue with physical therapy and acupuncture. The appeal request was to authorize one (1) electromyography/nerve conduction velocity for bilateral lower extremities between 6/5/15 and 7/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph/nerve conduction velocity for the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online Low back chapter Nerve conduction velocity.

Decision rationale: The records indicate the patient is having severe low back pain. The current request is for electromyography/nerve conduction velocity for the B/L lower extremities. The most recent attending physician report dated 5/20/15 (7 b), states, "I am ordering an EMG/NCV to determine whether the patient has an active radiculopathy." ODG (Online Low Back chapter: EMGs (electromyography) ODG states, Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, there does appear to be complaints consistent with radiculopathy. Some notes state that the back pain radiates to his bilateral legs. This supports the use of EMG to screen for radiculopathy. In addition, the injured worker reportedly suffered an electrocution injury when he fell and abnormalities may be found on NCS. The available medical records support medical necessity for the request of both an EMG and a NCS study in this case.