

Case Number:	CM15-0173084		
Date Assigned:	09/15/2015	Date of Injury:	02/12/2015
Decision Date:	11/03/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on 2-12-2015. He reported falling approximately twenty feet injuring the back. Diagnoses include herniated nucleus pulposus and lumbar stenosis. Treatments to date include Diclofenac, Soma, Norco, Orphenadrine Citrate, and physical therapy. Currently, he complained of ongoing low back pain. Current medication listed included Flexeril, Tramadol, and Relafen. Medication was noted to have been discontinued by the injured worker due to no relief with their use. On 7-29-15, the physical examination documented tenderness to palpation to thoracic and lumbar spine with spasms noted. There was decreased sensation to left L3 dermatome. The lumbar spine MRI dated 4-22-15 revealed lumbar disc protrusion with stenosis. The electromyogram (EMG) dated 6-10-15 was noted to be normal. The plan of care included ongoing medication management and lumbar steroid injections. The appeal requested a retrospective authorization for electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities. The Utilization Review dated 8-6-15, denied the request indicating the medical records failed to document the criteria stated in the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro EMG of left lower extremity (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has had previous diagnostic studies including an MRI which was not positive for any nerve compromise. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Retro EMG of left lower extremity (unspecified DOS) is not medically necessary.

Retro NCS of left lower extremity (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

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

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Retro NCS of left lower extremity (unspecified DOS) is not medically necessary.

Retro EMG of right lower extremity (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The patient has had previous diagnostic studies including an MRI which was not positive for any nerve compromise. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Retro EMG of right lower extremity (unspecified DOS) is not medically necessary.

Retro NCS of right lower extremity (unspecified DOS): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

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

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Retro NCS of right lower extremity (unspecified DOS) is not medically necessary.