

Case Number:	CM15-0024706		
Date Assigned:	02/17/2015	Date of Injury:	10/04/2010
Decision Date:	06/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona
 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 55 year old female injured worker suffered and industrial injury on 10/4/2010. The mechanism of injury was not provided. The diagnoses were lumbar disc herniation and recurrent sciatica. The treatments were an EMG/NCV, medications, physical therapy, aquatic therapy and acupuncture. The treating provider reported persistent lower back pain of moderate to severe intensity with intermittent complaints of sciatica. The pain radiated down to the buttocks, left leg and ankle. On exam there was weakness in the left leg. There was reduced range of motion to the lumbar spine with tenderness of the lumbar muscles. Also noted was weakness of the left lower leg. The Utilization Review Determination on 1/9/2015 non-certified: 1. NCV (Nerve Conduction Study) Right Lower Extremity, citing MTUS, ACOEM, ODG 2. EMG (Electromyography) left lower extremity, citing MTUS, ACOEM, ODG 3. NCV (Nerve Conduction Study) left lower extremity, citing MTUS, ACOEM, ODG 4. EMG (Electromyography) right lower extremity, citing MTUS, ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (NerveConduction Study) Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review indicated the examination remained the same. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating the results from the prior EMG/NCV. There was a lack of documentation of a significant change in symptoms or findings. Given the above, the request for NCV (Nerve Conduction Study) Right Lower Extremity is not medically necessary.

EMG (Electromyography) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review failed to provide documentation of the duration of care. The physical examination was not noted to have changed since the prior EMG/NCV. There was a lack of documentation of specific myotomal or dermatomal findings from the prior examination as the examination dated 07/23/2013 also revealed weakness in the left lower extremity. Given the above, and the lack of documentation of exceptional factors, the request for EMG (Electromyography) left lower extremity is not medically necessary.

NCV (Nerve Conduction Study) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review indicated the examination remained the same. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating the results from the prior EMG/NCV. There was a lack of documentation of a significant change in symptoms or findings. Given the above, the request NCV (Nerve Conduction Study) left lower extremity is not medically necessary.

EMG (Electromyography) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine states 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 clinical documentation submitted for review failed to provide documentation of the duration of care. The physical examination was not noted to have changed since the prior EMG/NCV. There was a lack of documentation of specific myotomal or dermatomal findings from the prior examination as the examination dated 07/23/2013 also revealed weakness in the left lower extremity. Given the above, and the lack of documentation of exceptional factors, the request EMG (Electromyography) right lower extremity is not medically necessary.