

Case Number:	CM15-0069124		
Date Assigned:	04/16/2015	Date of Injury:	02/06/2015
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: Family Practice

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 49 year old female, who sustained an industrial injury on 2/6/2015. The current diagnosis is lumbar radiculopathy. According to the progress report dated 2/27/2015, the injured worker complains of constant low back pain with radiation down bilateral lower extremities to the level of her feet associated with tingling. The pain is rated 9/10 on a subjective pain scale. The current medications are Tylenol. Treatment to date has included ice and topical cream. The plan of care includes EMG/NCS bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective EMG bilateral 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) Chapter: Low Back Complaints Section: EMGs.

Decision rationale: The Official Disability Guidelines comment on the use of EMGs in the evaluation of a patient with a low back complaint. EMGs are 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. In this case, there is insufficient information provided in support of the medical necessity of EMG studies. In the evaluation provided by the primary treating physician, the patient had symptoms and findings on physical exam that was consistent with a clinically obvious radiculopathy. There is insufficient information provided in the records to justify the need for an EMG of the lower extremity under these conditions. Therefore, an EMG of the bilateral lower extremities is not medically necessary.

Retrospective NCV bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines comment on the use of nerve conduction studies in the evaluation of patients with low back complaints. Regarding the use of nerve conduction studies the Official Disability Guidelines state the following: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Therefore, for the reasons cited above, a NCV of the bilateral lower extremities is not medically necessary.