

Case Number:	CM14-0143754		
Date Assigned:	09/12/2014	Date of Injury:	06/10/2014
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 05/02/2014. The mechanism of injury was not provided. Diagnoses included lumbar radiculopathy. Past treatments included a home exercise program and medications. Diagnostic testing included an x-ray of the lumbar spine on 07/25/2014 which indicated no acute changes and multiple anterior/posterior osteophytes. Surgical history was not provided. The clinical note dated 07/25/2014 indicated the injured worker complained of low back pain radiating to the bilateral lower extremities with numbness and tingling. The physical exam findings included normal sensation, decreased motor strength to 4+/5 throughout the bilateral lower extremities, normal deep tendon reflexes, and positive straight leg raises bilaterally. Current medications included Norco 5/325 mg and Prilosec 20 mg. The treatment plan included EMG/NCS for the bilateral lower extremities. The physician noted the rationale for the request was to establish a diagnosis for the injured worker's lower extremity complaints, as they had not been fully worked up, and to rule out causes of neurologic complaints in the lower extremities other than radiculopathy. The Request for Authorization form was completed on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testing: EMG/NCS BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: The request for EMG/NCS of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines indicate that electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines indicate that EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The guidelines also state that nerve conduction studies are not recommended for low back conditions. The injured worker complained of low back pain with radiating numbness and tingling in the bilateral lower extremities. The physical exam revealed findings of radiculopathy including positive bilateral straight leg raise as well as decreased strength rated 4+/5 for the bilateral lower extremities. The guidelines indicate that nerve conduction studies are not recommended for low back conditions and EMG is not necessary if radiculopathy is already clinically obvious. Additionally, the clinical documentation provided indicates the injured worker completed electrodiagnostic studies of the bilateral lower extremities on 08/11/2014; therefore, clarification is needed for the request. Therefore, EMG/NCS of the bilateral lower extremities is not medically necessary.