

Case Number:	CM13-0058913		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2012
Decision Date:	08/26/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on April 17, 2012. He fell backward hitting the left knee and falling to the ground while handling a hose. He reports pain in the left thigh with spasm and left lower extremity pain and has been diagnosed with rule out lumbar radiculopathy and torn medial meniscus left knee. Treatment has included surgery, medications, medical imaging, and physical therapy. Examination revealed pain with range of motion of the lumbar spine. Flexion was decreased to 30 degrees. The straight leg raising sign was positive on the left side. The treatment plan included EMG nerve conduction study of the lumbar spine, lower extremities, and medications. The treatment request included EMG/NCV of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 303.

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 Pain: Diagnostic Consideration: EMG/NCV.

Decision rationale: EMG/NCV of the Bilateral Lower Extremities is not medically necessary. The Official Disability Guidelines state that "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), NCS 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 physical exam was already indicative of radiculitis and the injury was chronic. There is no indication for an EMG/NCS of the bilateral upper extremities; therefore the request is not medically necessary.