

Case Number:	CM13-0021880		
Date Assigned:	11/13/2013	Date of Injury:	11/07/2012
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neuromuscular Medicine and Neurology 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 physician 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:

██████████ is a 50-year-old woman who developed chronic low back pain radiating down to her left leg after a work injury that occurred on 11/07/2012. The patient has had 2 selective nerve blocks, one on the right side (02/16/2013) and on the left side (09/10/2013 and 04/16/2013) with temporary improvement. The pain improvement over 6 weeks for 60%. The injections have a pain medications sparing effect. After 6 weeks of injection, the pain reoccurred. The pain was relieved by rest and exacerbated by exercise such as lifting heavy objects. Her physical examination revealed tenderness to palpation of the lumbosacral region, limited range of motion with bilateral lateral rotation, decreased sensation to light touch in the right L4-L5 and L5-S1 distribution, reduced muscle strength in the left lower extremity and positive straight leg test bilaterally. There is reduced sensation to light touch in the right L4-5 and L5-S1 distribution. The September 25, 2015 there is a report of tenderness in the cervical and thoracic spine with reduced sensation at the C5-C6 cervical levels. The patient was diagnosed with lumbar radiculopathy. Her MRI of the lumbar spine performed on January 11, 2013 demonstrated small right paracentral extrusion at L4-L5. A nerve conduction study, EMG was requested for the diagnosis of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 309.

Decision rationale: According to MTUS guidelines (MTUS page 309 or page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 361 or page 304 from ACOEM guidelines). However EMG is not recommended when the diagnosis of lumbosacral radiculopathy is obvious. (MTUS page 366 or page 309 from ACOEM Guidelines). Based on the clinical and radiological information provided by the patient file, the diagnosis of lumbosacral radiculopathy is obvious. EMG is not medically necessary.

NCV for right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 309.

Decision rationale: MTUS guidelines are silent regarding the indication of nerve conduction study (NCV) for the diagnosis of back pain and lumbosacral radiculopathy except for H response. H response study is recommended if the clinical diagnosis is unclear (ACOEM page 303). However in ACOEM page 178, NCV is indicated in the diagnosis of chronic neck pain, to identify subtle focal neurological dysfunction when the physical examination is not clear. In this case, the diagnosis of lumbosacral radiculopathy is obvious. NCV is not medically necessary.

NCV for left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and 309.

Decision rationale: MTUS guidelines are silent regarding the indication of nerve conduction study (NCV) for the diagnosis of back pain and lumbosacral radiculopathy. However in page 261 (ACOEM page 178), NCV is indicated in the diagnosis of chronic neck pain, to identify subtle

focal neurological dysfunction when the physical examination is not clear. In this case, the diagnosis of lumbosacral radiculopathy is obvious. NCV is not medically necessary

EMG for the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-304 and 309.

Decision rationale: According to MTUS guidelines (MTUS page 360 or page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 361 or page 304 from ... ACOEM guidelines). However EMG is not recommended when the diagnosis of lumbosacral radiculopathy is obvious. (MTUS page 366 or page 309 from ACOEM Guidelines). Based on the clinical and radiological information provided by the patient file, the diagnosis of lumbosacral radiculopathy is obvious. EMG is nor medically necessary.