

Case Number:	CM13-0027363		
Date Assigned:	11/22/2013	Date of Injury:	09/21/2009
Decision Date:	12/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with a date of injury of 09/21/2009. The medical file includes one progress report dated after the Utilization Review. According to progress report 12/31/2013, the patient continues to report low back pain that radiates into the bilateral lower extremity with numbness and tingling. Examination revealed decreased range of motion in the lumbar spine and the patient "would not attempt rotation." There was tenderness to palpation to the lumbar paraspinal musculature. In the supine position, the knees were extended, and straight leg raising test was performed producing low back pain at 45 degrees bilaterally. The listed diagnosis is chronic pain. This patient is status post revision hardware with decompression of L4-L5 on 06/09/2011. This is a request for EMG/NCV of the bilateral lower extremity. Utilization review denied the request on 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/nerve conduction study EMG/NCV of the bilateral upper extremities (BUE): Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (Electromyography).

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for an EMG/NCV BUE. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "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, the patient did not have an electromyography/nerve conduction study prior to this. The medical file provided for review includes 1 progress report from 12/31/2013 which is dated after the utilization determination on 08/28/2013. Utilization review denied the request stating that "the need cannot be determined absent a review of a detailed neurological assessment, not documented to have been done in association with the request." Review of the medical file indicates that the patient has had CT scans and x-rays of the lumbar spine prior to and following the 2011 fusion surgery. The imaging reports were not provided for my review. In this case, it appears that there has been no prior EMG/NCV testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Therefore, EMG/NCV of the bilateral upper extremities (BUE) is medically necessary and appropriate.