

Case Number:	CM13-0032211		
Date Assigned:	12/11/2013	Date of Injury:	09/10/1996
Decision Date:	11/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 and Pain Management, 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 77-year-old male with a date of injury of 09/10/1996. The listed diagnosis per [REDACTED] is chronic low back pain, HNP L5-S1. According to progress report 08/08/2013, the patient presents with complaints of low back pain. His medication regimen includes Lyrica 75 mg, tramadol 50 mg and Tylenol 325 mg. Examination revealed tenderness upon the L4 and L5 region. There was paraspinal muscle spasms noted on the right side. The range of motion was decreased by 25% and there was positive straight leg raise. Sensory exam was "abnormal, reduced in foot. Motor exam abnormal, weakness foot." It was noted that patient has an abnormal gait. This is a request for electromyography of the bilateral lower extremities and a nerve conduction velocity of the bilateral lower extremity. Utilization review denied the request on 09/25/2013. Treatment reports from 01/30/2013 through 08/08/2013 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting electromyography of the bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines under its low back chapter has the following regarding EMG studies, "EMGs (electromyography) 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." Review of the medical file does not indicate the patient has had an EMG in the past. The treating physician in his progress report from 01/30/2013 reviewed an MRI of the lumbar spine. The treating physician states, "My interpretation is that there is a transition S1-S2 segment. There is a slight spondylosis of L4 on L5. There is stenosis at L4-L5 and L5-S1, moderate. There is significant facet arthropathy at both levels and mild degenerative scoliosis." It was noted that the patient has "spondylolisthesis, L-spine DDD, L-spine HNP/bulge, L-spine radiculopathy and L-spine spinal stenosis." Given the diagnostic confusion, EMG studies would be indicated and supported by ACOEM. Patient has some weakness in the foot as well. The request is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY OF BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 chapter; NCV studies

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a nerve conduction velocity of the bilateral lower extremities. The MTUS and ACOEM do not discuss NCS. However, ODG guidelines under its, low back chapter has the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In regard to NCV studies, ODG guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the treating physician does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radiculopathy to consider NCV studies. The request is not medically necessary and appropriate.