Case Number:	CM13-0033859		
Date Assigned:	12/06/2013	**Date of Injury:**	05/21/2012
Decision Date:	02/06/2014	**UR Denial Date:**	09/20/2013
Priority:	Standard	**Application Received:**	10/10/2013

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 Occupational Medicine and is licensed to practice in New York. 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:

This 33 year old man worked as a warehouse product selector, and claims injury 5/21/12 when moving 60 pound boxes of seafood from pallet to pallet. He states he has low back pain radiating to his bilateral lower extremities, with numbness and tingling in both legs, left greater than right. The paresthesias were noted in bilateral L4, L5 and S1 nerve distributions and he had weakness in the extensor hallucis longus. An MRI on 8/26/13 revealed grade II spondylolisthesis L5 on S1, bilateral pars defects at L5, and severe degenerative disease and spinal stenosis L4-S1. The surgeon recommended lumbar laminectomy and discectomy L4-S1 with stabilization at L5-S1, and this was completed 10/17/13. Bilateral lower extremity electrodiagnostic studies were requested prior to surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg and Ankle and Foot.

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

Decision rationale: Per 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." The MRI is more reliable than EMG with identification of disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. Surgical consultation is indicated when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." This patient had clearly identified lesions on MRI, which were determined to be surgical. NCS/EMG would not have added to the work-up at that point.

Nerve conduction study (NCS) for right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg and Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per 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." The MRI is more reliable than EMG with identification of disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. Surgical consultation is indicated when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." This patient had clearly identified lesions on MRI, which were determined to be surgical. NCS/EMG would not have added to the work-up at that point.

NCS for left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg and Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per 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." The MRI is more reliable than EMG with identification of disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. Surgical consultation is indicated when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." This patient had clearly identified lesions on MRI, which were determined to be surgical. NCS/EMG would not have added to the work-up at that point.

EMG for right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: Per 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." The MRI is more reliable than EMG with identification of disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. Surgical consultation is indicated when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." This patient had clearly identified lesions on MRI, which were determined to be surgical. NCS/EMG would not have added to the work-up at that point.