

Case Number:	CM13-0037129		
Date Assigned:	12/13/2013	Date of Injury:	07/18/2013
Decision Date:	12/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pain Medicine 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 injured worker is a 54-year-old female with an original date of injury on July 18, 2013. The patient sustained an injury while working as a housekeeper. The patient's industrially related diagnoses include chronic pain, lumbar radiculitis, lumbar spine sprain / strain, lumbar spine multiple disc bulges, and gastro-esophageal reflux disease. A MRI of the lumbar spine dated on September 25, 2013 shows significant finding of disc bulging at L3-4, central disc protrusion and moderate bilateral neural foramina no narrowing with canal stenosis at the level of L4-5, right foramina disc fusion with associated annular tear which result in moderate to severe right neuroforaminal narrowing at L5-S1. An electromyography and nerve conduction study on January 10, 2014 was negative without any findings of radiculopathy. Despite the negative electromyography study, the patient underwent right sided transforaminal epidural steroid injection of L5-S1 level on February 18, 2014. The provided documentation states patient had 50 to 80% overall improvement in mobility. The disputed issue is a repeat electromyography of the bilateral lower extremities. A utilization review determination on October 8, 2013 had noncertified this request. The stated rationale for the denial was the lack of medical evidence presented suggesting lumbar radiculopathy or myelopathy or evidence of peripheral nerve compression or peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) <Lower Back>, <Electromyography>

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "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." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: "Recommended as an option (needle, not surface). 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. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001)" Based on the documentation provided, the patient has already had an electromyogram and nerve conduction study on January 10, 2014 which was negative. There is no documentation supporting any change in the patient which would suggest new unequivocal evidence of radiculopathy or peripheral neuropathy to indicate a repeat Electromyogram at this time. Therefore the request is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES FOR BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Lower Back>, <Nerve Conduction Study>

Decision rationale: The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: "Nerve conduction studies (NCS) section: 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)" However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve

conduction studies are recommended in evaluations for lumbar radiculopathy. Based on the documentation provided, the patient has already had an electromyogram and nerve conduction study on January 10, 2014 which had normal findings in bilateral lower extremities. There is no documentation supporting any exam or symptomatic finding that would suggest new or change in neuropathy to indicate a repeat nerve conduction study at this time. Therefore the request is not medically necessary.