

Case Number:	CM13-0042139		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2004
Decision Date:	05/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar radiculopathy, failed back syndrome, and lumbar facet arthropathy associated with an industrial injury date of 08/26/2004. The treatment to date has included fluoroscopically-guided neuroplasty of the right S1 nerve root on 07/29/2013, caudal epidural steroid injection on 04/16/2013, lumbosacral brace, electrical muscle stimulation unit, physical therapy, aquatic therapy, and medications including Elavil, MS Contin, and Colace. The utilization review from 09/16/2013 denied the requests for EMG and NCV of bilateral lower extremities because there is documented lumbar radiculopathy and EMG/NCV is unnecessary if radiculopathy is already clinically obvious. The medical records from 2012 to 2013 were reviewed showing that patient complained of worsening low back pain radiating to bilateral lower extremities graded 9/10 in severity. Pain medications only provided minimal relief of symptoms. The patient required assistance with bathing and dressing. There was also difficulty in standing sitting and climbing stairs. The patient had decreased ability to walk since it took him 30 minutes to walk three blocks; when prior he could do several blocks more. Physical examination showed facet tenderness over the L3-L5 levels. Range of motion of lumbar spine was limited to 15 degrees towards lateral bending on both sides, flexion at 30 degrees, and extension at 10 degrees. Motor strength was 4/5 for all muscle groups at bilateral lower extremities. Seated straight leg test was positive bilaterally with documented sharp shooting pain at L4, L5, and S1 distributions. Hyporeflexia was documented at bilateral patellar and Achilles reflexes. Sensation to light touch was decreased at the right L3, and left L3 to S1 dermatomes. The patient used a walker for ambulation and manifested with a forward flexed position.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV testing of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 38-310. Decision based on Non-MTUS Citation ODG Low Back.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The rationale given for this request is because of severe bilateral lower extremities pain associated with increasing weakness. Patient also reported worsening and decreasing function. This is further supported by objective findings in terms of decreased motor strength, hyporeflexia, hypoesthesia and positive special tests of the lower extremities. However, the medical necessity for EMG/NCV has not been established because the patient presents with deliberate signs and symptoms of radiculopathy which makes it not recommended based on the guidelines stated above. Lumbar radiculopathy is already an established diagnosis for this patient as far back as 2012. There is no indication for this test. Therefore, the request for EMG/NCV testing of the left lower extremity is not medically necessary.

EMG/NCV testing of 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.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. The Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The rationale given for this request is because of severe bilateral lower extremities pain associated with increasing weakness. Patient also reported worsening and decreasing function. This is further supported by objective findings in terms of decreased motor strength, hyporeflexia, hypoesthesia and positive special tests of the lower extremities. However, the

medical necessity for EMG/NCV has not been established because the patient presents with deliberate signs and symptoms of radiculopathy which makes it not recommended based on the guidelines stated above. Lumbar radiculopathy is already an established diagnosis for this patient as far back as 2012. There is no indication for this test. Therefore, the request for EMG/NCV testing of the right lower extremity is not medically necessary.