

Case Number:	CM13-0045830		
Date Assigned:	06/09/2014	Date of Injury:	03/29/2013
Decision Date:	09/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 63-year-old with a work injury dated 3/29/13. The diagnoses include lumbar sprain, spasm of muscle, osteoarthritis, lumbago, thoracic or lumbosacral neuritis/radiculitis. Under consideration is a request for electromyography (EMG) for the right lower extremity; electromyography (EMG) for the left lower extremity; nerve conduction study (NCV) for the right lower extremity; nerve conduction study (NCV) for the left lower extremity. There is a primary treating physician report dated 10/9/13 which states that the patient reports that he really started hurting yesterday. He has pain down his right leg with numbness. The objective findings reveal a summary of the lumbar MRI findings. There is a negative straight leg raise and intact sensation. The plan is for an EMG/NCS of the bilateral lower extremities. The plan is a referral to pain management and an EMG. An 8/6/13 lumbar x ray revealed Narrowing of the intervertebral disc spaces, vacuum discs, and osteophytes are consistent with degenerative disc disease. Degenerative joint disease is also present. In flexion and extension positions, grade I retrolisthesis at the L2/L3 and grade I spondylolisthesis at the L4/L5 level are noted. In extension position, grade I retrolisthesis is visible at the L4/L5 level. A minimal compression deformity involving the L1 vertebral body is noted. A 9/26/13 lumbar MRI revealed Moderate bilateral foraminal narrowing at L2-L3. Mild central stenosis at L3-L4. Mild bilateral foraminal and lateral recess encroachment at L4-L5. Moderate right foraminal narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for right lower extremity: 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 rationale: The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests(which are part of the nerve conduction test), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.The documentation indicates that the patient has had right leg and back symptoms and has not improved with conservative care including therapy . The documentation indicates that a request for a pain management referral was planned. The information from electrodiagnostic testing of the right lower extremity may help the pain management specialist with their treatment plans (i.e. if an epidural injection is planned it can help localize the best area for lumbar injection).Therefore, the request for an EMG for the right lower extremity is medically necessary and appropriate.

Electromyography (EMG) for left lower extremity: Upheld

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 rationale: Nerve conduction study (NCV) for the left lower extremity is not medically necessary per MTUS ACOEM guidelines. The ACOEM MTUS guidelines state that 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 documentation indicates that the patient is having complaints of right lower extremity radicular symptoms. The request for a left lower extremity electrodiagnostic evaluation in the absence of left sided symptoms is not medically necessary. Therefore, the request for an EMG for the left lower extremity is not medically necessary and appropriate.

Nerve conduction study (NCV) for right lower extremity: 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 rationale: The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests(which are part of the nerve conduction testing), may be useful to identify

subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient has had right leg and back symptoms and has not improved with conservative care including therapy. The documentation indicates that a request for a pain management referral was planned. The information from electrodiagnostic testing of the right lower extremity may help the pain management specialist with their treatment plans (i.e. if an epidural injection is planned it can help localize the best area for lumbar injection). The request for an NCV for the right lower extremity is medically necessary and appropriate.

Nerve conduction study (NCV) for left lower extremity: Upheld

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 rationale: Electromyography (EMG) for the left lower extremity is not medically necessary per MTUS ACOEM guidelines. The ACOEM MTUS guidelines state that 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 documentation indicates that the patient is having complaints of right lower extremity radicular symptoms. The request for a left lower extremity EMG is not medically necessary or appropriate.