

Case Number:	CM14-0005305		
Date Assigned:	01/24/2014	Date of Injury:	08/09/2004
Decision Date:	06/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/14/2014

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 Neurological Survey, 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 record notes a 59-year-old male with a date of injury of August 9, 2004. The mechanism of injury is not disclosed. The record notes the injured has a history of lumbar interbody fusion at L3-S1 levels with a bilateral laminotomy at L4 to S1 on January 10, 2011 in January 17, 2011. A presurgical lumbar MRI is dated October 2009, and references a grade one retrolisthesis in moderate to severe central canal stenosis with disc bulges at L5-S1 with a grade one spondylolisthesis, and mild bilateral facet arthropathy, and mild to moderate left and moderate right neural foraminal stenosis at L5-S1. A progress note dated December 5, 2013 is provided for review in support of the above noted request indicating the injured worker complained of low back pain with radiation down the right lower extremity to the foot. The pain is rated 8/10 on the Visual Analogue Scale (VAS). Physical examination of the lumbar spine reveals tenderness at the L3-S1 region's bilaterally. Tenderness is also noted in the bilateral sciatic notch, the bilateral posterior thighs, the bilateral posterior calves, in the right plantar surface of the foot. Sensation is decreased in the S1 dermatomes. Lumbar range of motion is restricted. An electrodiagnostic (EMG/NCV) study done in August 2008 evidences chronic left L5 radiculopathy, and mild bilateral S1 radiculopathy. The treatment recommendation is for electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the right and left lower extremities. A prior review of the studies resulted in a recommendation for non-certification on December 13, 2013.

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 LUMBAR:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Electrodiagnostic studies (EDS)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.23.5 LOW BACK COMPLAINTS, TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS.

Decision rationale: California guidelines do not recommend electromyography (EMG) unless the injured had no improvement after one month of conservative treatment. The record provides no documentation of conservative treatment provided, or the duration of the symptoms, compared to the baseline established following surgery. Moreover, California guidelines do not recommend electromyography (EMG) studies when the clinical signs and symptoms clearly support the diagnosis of radiculopathy. The guidelines also indicate there is minimal justification for performing nerve conduction study of the patient is presumed to have the symptoms on the basis of radiculopathy. Based on the clinical information provided, which is not support a clinical indication for the proposed diagnostic studies, this request is not medically necessary and appropriate.

ELECTROMYOGRAPHY (EMG) FOR RIGHT LOWER EXTREMITY LUMBAR:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Electrodiagnostic studies (EDS)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GUIDELINES 9792.23.5 LOW BACK COMPLAINTS; TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS; CLINICAL MEASURES: DETECTION OF PHYSIOLOGIC ABNORMALITIES.

Decision rationale: California guidelines do not recommend electromyography (EMG) unless the injured had no improvement after one month of conservative treatment. The record provides no documentation of conservative treatment provided, or the duration of the symptoms, compared to the baseline established following surgery. Moreover, California guidelines do not recommend electromyography (EMG) studies when the clinical signs and symptoms clearly support the diagnosis of radiculopathy. The guidelines also indicate there is minimal justification

for performing nerve conduction study of the patient is presumed to have the symptoms on the basis of radiculopathy. Based on the clinical information provided, which is not support a clinical indication for the proposed diagnostic studies, this request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) FOR LEFT LOWER EXTREMITY

LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Electrodiagnostic studies (EDS)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.23.5 LOW BACK COMPAINTS TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS, CLINICAL MEASURES: DETECTION OF PHYSIOLOGIC ABNORMALITIES.

Decision rationale: California guidelines do not recommend EMG/NCV unless the claimant has had no improvement after one month of conservative treatment. The record provides no documentation of conservative treatment provided, or the duration of the symptoms, compared to the baseline established following surgery. Moreover, California guidelines do not recommend EMG/NCV studies when the clinical signs and symptoms clearly support the diagnosis of radiculopathy. The guidelines also indicate that there is minimal justification for performing nerve conduction study of the patient is presumed to have the symptoms on the basis of radiculopathy. Based on the clinical information provided, which is not support a clinical indication for the proposed diagnostic studies, this request is not medically necessary and appropriate.

NERVE CONDUCTION VELOCITY (NCV) FOR RIGHT LOWER EXTREMITY

LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Electrodiagnostic studies (EDS)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.23.5 LOW BACK COMPAINTS, TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS CLINICAL MEASURES: DETECTION OF PHYSIOLOGIC ABNORMALITIES.

Decision rationale: California guidelines do not recommend EMG/NCV unless the claimant has had no improvement after one month of conservative treatment. The record provides no documentation of conservative treatment provided, or the duration of the symptoms, compared to the baseline established following surgery. Moreover, California guidelines do not recommend EMG/NCV studies when the clinical signs and symptoms clearly support the diagnosis of radiculopathy. The guidelines also indicate that there is minimal justification for performing nerve conduction study of the patient is presumed to have the symptoms on the basis of radiculopathy. Based on the clinical information provided, which is not support a clinical indication for the proposed diagnostic studies, this request is not medically necessary and appropriate.