

Case Number:	CM14-0008110		
Date Assigned:	02/12/2014	Date of Injury:	04/17/2011
Decision Date:	07/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 a 52-year-old male who has submitted a claim for severe left leg radiculopathy/radiculitis, herniated nucleus pulposus at L3-4 and L4-5, and status post microdiscectomy and foraminotomy associated with an industrial injury date of April 17, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain with radiation to the left lower extremity. Pain was associated with numbness and weakness of the left leg. Physical examination showed lumbar paraspinal muscle spasms and tenderness, restricted ROM due to pain, 3/5 MMT on the left lower extremity, diminished sensation along the lateral side of the left leg, and severely positive SLR on the right. Treatment to date has included activity modification, NSAIDs, opioids, anticonvulsants, acupuncture, steroid injections, and surgery (4/17/13). Utilization review from January 21, 2014 denied the request for EMG/NCV of bilateral lower extremities due to lack of rationale as to why it was requested as a concurrent diagnostic study along with a lumbar spine MRI with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF BILATERAL LOWER EXTREMITIES: Upheld

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

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. According to ODG, NCS of the lower extremities are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy which persisted despite physical therapy and surgery. Recent progress notes reported lower back pain with radiation to the left. Pain was associated with numbness and weakness of the left leg. The patient has focal neurologic deficit. Anatomical foraminal narrowing at levels L3-L4 and L4-L5 was noted from the lumbar spine MRI report done last February 26, 2013. However, a previous EMG/NCV done last December 4, 2012 was reported to show no evidence of radiculopathy. Medical records reported recurrence of symptoms, but failed to show objective evidence of significant changes and progression of symptoms regarding the left lower extremity. In addition, symptoms of possible radiculopathy are absent in the right lower extremity. There is insufficient clinical information regarding the possible presence of radiculopathy in the right lower extremity. Medical necessity for performing EMG on the right lower extremity was not established. Lastly, there are no equivocal EMG findings in this case that would necessitate a NCV. Therefore, the request for EMG/NCV of bilateral lower extremities is not medically necessary.