

Case Number:	CM14-0119988		
Date Assigned:	08/06/2014	Date of Injury:	07/28/2008
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 57-year-old male who has submitted a claim for Lumbosacral spondylosis without myelopathy associated with an industrial injury date of July 28, 2008. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of low back pain with associated numbness and tingling to the bilateral thighs, right worse than the left. Examination revealed an alert, oriented and NAD patient seated in exam chair with no notable discomfort and normal gait. MRI of the lumbar spine conducted on July 9, 2014 revealed, "mild effacement of the adjacent anterior thecal sac at the narrowed L2-3 interspace and at the L4-5 interspace; no evidence of nerve root impingement". Treatment to date has included medications and physical therapy. Utilization review from July 22, 2014 denied the request for EMG of bilateral lower extremity QTY: 2 and NCT of bilateral lower extremity QTY: 2 because there was an absence of neurological changes on examination and the MRI of the lumbar spine was without evidence of neural impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremity QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM guidelines: EMG/NCV (electromyography-nerve conduction velocity) 303, 309

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of CA 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. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with back pain with numbness and tingling in the bilateral extremities. However, there was no sign of even a subtle focal neurologic dysfunction in the physical examination. Moreover, the MRI of the lumbar spine revealed no nerve impingement. An EMG will not contribute further to the management of the patient. Therefore, the request for EMG of bilateral lower extremity QTY: 2 is not medically indicated.

NCT of bilateral lower extremity QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines: EMG/NCV (electromyography-nerve conduction velocity, 303, 309)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient presented with back pain with numbness and tingling in the bilateral extremities. The patient presented with symptoms of neuropathy to support NCS study. Therefore, the request for NCT of bilateral lower extremity QTY: 2 is medically necessary with the clarification that QTY: 2 means one study per lower extremity.