

Case Number:	CM14-0131778		
Date Assigned:	08/20/2014	Date of Injury:	07/16/2006
Decision Date:	09/22/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46 year old male with a 7/16/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/27/14, noted subjective complaints of back pain. Objective findings included lumbar paraspinal tenderness and decreased ROM. Motor was 4/5 on the left for iliopsoas and quad/knee extension, otherwise normal. Sensation was diminished bilaterally at L3-S1. Although there are no official imaging reports available for review, the provided documentation notes that a CT myelogram of the lumbar spine 3/12 noted moderate to severe right neural foraminal stenosis at L5-S1. It also noted that an EMG 3/12 noted mild left tarsal tunnel syndrome. Diagnostic impression include chronic lumbar strain, lumbar radiculopathy. Treatment to date includes lumbar fusion L5-S1, medication management, lumbar ESI. A UR decision dated 8/6/14, denied the request for EMG/NCV bilateral lower extremities. There is minimal justification for performing NCV when a patient is presumed to have symptoms on the basis of radiculopathy. There is no physician discussion of specific treatments that would be made based on EMG/NCV bilateral lower extremities. Treatment to Date: lumbar fusion L5-S1, medication management, lumbar ESIA UR decision dated 8/6/14 denied the request for EMG/NCV bilateral lower extremities. There is minimal justification for performing NCV when a patient is presumed to have symptoms on the basis of radiculopathy. There is no physician discussion of specific treatments that would be made based on EMG/NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG) LOW BACK PROCEDURE SUMMARY.

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.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient already has objective physical exam findings consistent with radiculopathy in addition to a prior lumbar CT myelogram demonstrating neural foraminal narrowing. In the absence of interval change or new symptoms, it is unclear how a repeat EMG would benefit the patient. Therefore, the request for electromyogram (EMG) bilateral lower extremities was not medically necessary.

Nerve Conduction Velocity (NCV) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG) LOW BACK PROCEDURE SUMMARY.

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.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, the patient already has objective physical exam findings consistent with radiculopathy in addition to a prior lumbar CT myelogram demonstrating neural foraminal narrowing. When symptoms are highly consistent with radiculopathy, it is unclear what NCV would elucidate. Therefore, the request for nerve conduction velocity (NCV) bilateral lower extremities was not medically necessary.

