

Case Number:	CM14-0139226		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2005
Decision Date:	11/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family 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:

This is a 56 year old male with a 6/21/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/10/14 noted subjective complaints of lower back pain radiating into the bilateral lower extremities with numbness and tingling. Objective findings included lumbar paravertebral muscle spasm and spinous process tenderness. Motor strength of the knees was 4/5 bilaterally in flexion and extension. MRI lumbar spine 2/1/14 noted L3-4 disc herniation with compression of the spinal nerve roots and L5-S1 herniation with nerve roots impacted. Diagnostic Impression: lumbar spine herniated nucleus pulposus, bilateral knee internal derangement. Treatment to Date: medication management, physical therapy, lumbar ESIA UR decision dated 8/20/14 denied the request for EMG/NCV of the bilateral lower extremities. The need for EMG, NCV is not established when the diagnosis of radiculopathy is supported by clinical examination and MRI is in this clinical presentation where the 7/10/14 update revealed positive root tension signs and radicular findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

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, ODG states that EMGs may be "useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but 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 has objective findings of radiculopathy both on physical exam as well as on the most recent lumbar MRI in 2/14. Electrodiagnostic studies are not recommended when radiculopathy is clinically apparent. Therefore, the request for electromyography (EMG) left lower extremity was not medically necessary.

Electromyography (EMG) Right 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

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, ODG states that EMGs may be "useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but 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 has objective findings of radiculopathy both on physical exam as well as on the most recent lumbar MRI in 2/14. Electrodiagnostic studies are not recommended when radiculopathy is clinically apparent. Therefore, the request for electromyography (EMG) right lower extremity was not medically necessary.

Nerve conduction velocity (NCV) 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

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, ODG states that EMGs may be "useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but 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 has objective findings of radiculopathy both on physical exam as well as on the most recent lumbar MRI in 2/14. Electrodiagnostic studies are not recommended when radiculopathy is clinically apparent. Therefore, the request for nerve conduction velocity (NCV) left lower extremity was not medically necessary.

Nerve conduction velocity (NCV) Right Lower Extremity:

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

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, ODG states that EMGs may be "useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but 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 has objective findings of radiculopathy both on physical exam as well as on the most recent lumbar MRI in 2/14. Electrodiagnostic studies are not recommended when radiculopathy is clinically apparent. Therefore, the request for nerve conduction velocity (NCV) right lower extremity was not medically necessary.