

Case Number:	CM14-0165677		
Date Assigned:	10/10/2014	Date of Injury:	10/25/1995
Decision Date:	11/25/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old who had a work injury dated 10/25/95. The diagnoses include lumbar spinal stenosis at L3-4, lumbar degenerative disc disease, and status post L4-S1 fusion (2/21/1996). Under consideration are requests for NCS/EMG of the bilateral lower extremities. Lumbar MRI dated 8/5/14 showed progressive moderately severe narrowing of the central canal and progressive significant narrowing of the left sub articular recess with mild impingement of the traversing left L4 nerve root; stable postoperative appearance of L4/S1; and additional less severe degenerative changes. A 9/17/14 progress note states that the patient presented with constant low back pain rated 4/10 that radiated to her left leg. She denied any numbness, tingling or weakness. She was not doing any exercise. Current medications included Vicodin and Flexeril. Examination revealed 5/5 motor strength, absent patellar and Achilles reflexes bilaterally, and intact sensation. There was point tenderness over the right great trochanteric bursa. On lumbosacral motion, the patient was capable of getting her fingertips to her mid tibia. Extension was 20 degrees and bilateral side bending was 30 degrees. The treatment plan included a left L3- 4 epidural steroid injection and a NCS/EMG of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyography)

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) EMGs electromyography

Decision rationale: EMG (Electromyography) study of the right lower extremity is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The documentation does not indicate that the patient has findings suggestive of a peripheral polyneuropathy or entrapment/compression neuropathy in the BLE. The documentation does not indicate any numbness/tingling or weakness in the BLE or patient complaints of pain regarding the right leg. The documentation is not clear on how electrodiagnostic testing would change the patient's treatment plan. The request for EMG (Electromyography) study of the right lower extremity is not medically necessary.

EMG (Electromyography) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyography)

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) EMGs electromyography

Decision rationale: EMG (Electromyography) study of the left lower extremity is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The documentation does not indicate that the patient has findings suggestive of a peripheral polyneuropathy or entrapment/compression neuropathy in the BLE. The documentation does not indicate any numbness/tingling or weakness in the BLE. The documentation is not clear on how electrodiagnostic testing would change the patient's treatment plan. The request for EMG (Electromyography) study of the left lower extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyography)

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 - Lumbar & Thoracic (Acute & Chronic)- nerve conduction studies and EMGs electromyography.

Decision rationale: NCV (Nerve Conduction Velocity) study of the right lower extremity is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The documentation does not indicate that the patient has findings suggestive of a peripheral polyneuropathy or entrapment/compression neuropathy in the BLE. The documentation does not indicate any numbness/tingling or weakness in the BLE or patient complaints of pain regarding the right leg. The documentation is not clear on how electrodiagnostic testing would change the patient's treatment plan. The request for NCV (Nerve Conduction Velocity) study of the right lower extremity is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyography)

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 - Lumbar & Thoracic (Acute & Chronic)- nerve conduction studies

Decision rationale: NCV (Nerve Conduction Velocity) study of the left lower extremity is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy

is already clinically obvious. The documentation does not indicate that the patient has findings suggestive of a peripheral polyneuropathy or entrapment/compression neuropathy in the BLE. The documentation does not indicate any numbness/tingling or weakness in the BLE. The documentation is not clear on how electrodiagnostic testing would change the patient's treatment plan. The request for NCV (Nerve Conduction Velocity) study of the left lower extremity is not medically necessary.