

Case Number:	CM14-0178072		
Date Assigned:	10/31/2014	Date of Injury:	07/02/2008
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 39 year old male with an injury date of 07/02/08. Based on the 10/13/14 progress report provided by [REDACTED] the patient complains of chronic pain to the lumbar spine. Physical examination revealed tenderness to palpation to the paravertebral muscles of the lumbar spine. Per progress report dated 09/15/14, patient ambulates with an antalgic gait. Physical examination revealed decreased sensation over the L5 dermatomes bilaterally with pain. Per QME report dated 05/22/13, EMG of the lower extremities was done on 02/17/09 for diagnosis of lumbar radiculitis for continued low back pain. Per QME report dated 05/22/13, EMG was done on 08/11/10 for diagnosis of sprained lumbosacral spine chronic left lumbar radiculitis and lumbar entrapment. Treater is requesting electrodiagnostic studies of the lower extremities to rule out peripheral nerve entrapment disorder. Diagnosis 10/13/14- lumbar disc displacement without myelopathy- shoulder tendonitis/bursitis- cervical radiculopathy Operative Report 07/30/14 Procedure: transforaminal nerve root injection left L5 and left S1 Diagnosis: - lumbar disc herniation- lumbar radiculopathy [REDACTED] is requesting EMG/NCV of the bilateral lower extremities. The utilization review determination being challenged is dated 10/13/14. [REDACTED] is the requesting provider and he provided treatment reports from 05/22/13 - 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with chronic pain to the lumbar spine. The request is for EMG/NCV of the bilateral lower extremities. Patient's diagnosis dated 10/13/14 includes lumbar disc displacement without myelopathy. Physical examination on 09/15/14 revealed decreased sensation over the L5 dermatomes bilaterally with pain. Patient had transforaminal nerve root injection to left L5 and left S1 on 07/30/14. ACOEM guidelines page 303 states, "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." ODG guidelines have the following regarding EMG studies: Recommended as an option (needle, not surface). 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. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) ODG guidelines have the following regarding EMG studies: Per progress report dated 10/13/14, treater is requesting electrodiagnostic studies of the lower extremities to rule out peripheral nerve entrapment disorder. This patient presents with low back pain, however per QME report dated 05/22/13, EMG of the lower extremities has been done on 02/17/09 and 08/11/10. Furthermore, transforaminal nerve root injection to left L5 and left S1 was done on 07/30/14 for diagnosis of lumbar radiculopathy. ODG states that "EMG's are not necessary if radiculopathy is already clinically obvious." In this case, there is no new injury, no new neurologic findings or progression of the clinical presentation to warrant an updated EMG/NCV studies therefore request is not medically necessary.