

Case Number:	CM14-0179456		
Date Assigned:	11/07/2014	Date of Injury:	08/11/2008
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Pain 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 injured worker is a 62-year-old male who sustained an injury on 8/11/08. As per the 9/17/14 report, he presented with back and leg pains rated at 6-10/10 and spasms in the leg sometimes as well as numbness and tingling in the left leg. An EMG in August 2010 revealed right L5 radiculopathy. Repeat EMG in 2012 showed mild right L5 radiculopathy. MRI in 2009 showed protrusion of L4-L5 and L5-S1 and bulging at L3-L4; protrusion was mild on the right at L5-S1 and moderate-to-severe on the left at L5-S1. Repeat MRI was done in 2012 showing facet changes and thecal narrowing from L3-L5 with foraminal narrowing on the right at L4-L5 and L5-S1. He takes gabapentin for neuropathic pain which is helpful in decreasing his symptoms. He underwent right L5 transforaminal epidural injection on 3/29/12 with 3 months of relief and more recently on 4/10/14 at right L4-L5 and L5-S1 with significant 70% relief. Diagnoses include discogenic lumbar condition with at least 2-level disc disease with bulging above at L3-L4 and significant chronic radiculopathy on the right at L5, persistent as per the EMG. MRI of the lumbar spine and EMG studies of bilateral lower extremities were recommended to evaluate the symptoms of pain and numbness and tingling. The request for EMG of right lower extremity, EMG left lower extremity, NCV of right lower extremity, and NCV of left lower extremity was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: Per ACOEM guidelines, Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). In this case, there is clinical evidence of radicular symptoms and previous EMG studies in 2010 and 2012 have already showed right L5 radiculopathy. Furthermore, there is no evidence of new injuries or progression of symptoms to warrant need for repeat study. Therefore, the medical necessity of the request is not established per guidelines.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: Per ACOEM guidelines, Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). In this case, there is clinical evidence of radicular symptoms and previous EMG studies in 2010 and 2012 have already showed right L5 radiculopathy. Furthermore, there is no evidence of new injuries or progression of symptoms to warrant need for repeat study. Therefore, the medical necessity of the request is not established per guidelines.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. In this case, there is clinical evidence of lumbar radiculopathy, where EMG studies are indicated. However, the records indicate that the injured worker has already had Electrodiagnostic study in 2010 and 2012 which was positive for right L5 radiculopathy.

Furthermore, there is no documentation of a new injury or worsening / progression of symptoms to justify for a new study and there is no clinical evidence of neuropathy to warrant a repeat NCS. Therefore, the medical necessity of the request for repeat NCS is not established based on the available clinical information and per guidelines.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: Per ODG guidelines, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." On the other hand, NCS is recommended to differentiate between radiculopathy and neuropathies. In this case, there is clinical evidence of lumbar radiculopathy, where EMG studies are indicated. However, the records indicate that the injured worker has already had Electrodiagnostic study in 2010 and 2012, which was positive of right L5 radiculopathy. Furthermore, there is no documentation of a new injury or worsening / progression of symptoms. There is no clinical evidence of neuropathy to warrant NCS. Therefore, the medical necessity of the request for NCS is not established based on the available clinical information and per guidelines.