

Case Number:	CM14-0021914		
Date Assigned:	05/09/2014	Date of Injury:	05/21/2002
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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 patient is a 45-year-old female who has submitted a claim for lumbar spondylosis and sciatica associated with an industrial injury date of May 21, 2002. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain with weakness of the lower extremities and left leg numbness. Physical examination showed tender lumbar paraspinal muscles, restricted lumbar ROM, altered sensation in the lower extremities, and SLR supine and seated positive left. Treatment to date has included NSAIDs, opioids, topical analgesics, anticonvulsants, TENS, physical therapy, and lumbar transforaminal epidural steroid injections. Utilization review from February 5, 2014 denied the request for EMG/NCV of bilateral lower extremities because it is unclear if the patient's clinical examination changed significantly to warrant the need for new testing. The influence to the future treatment of the requested electrodiagnostic study is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) TO BILATERAL LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. There was chronic lower back pain with weakness of the lower extremities and left leg numbness. Physical examination showed altered sensation in the lower extremities and a positive SLR on the left. Medical necessity for an EMG of the left lower extremity was established. However, physical examination findings suggestive of radiculopathy in the right lower extremity are insufficient. The report of altered sensation in the lower extremities is unclear; information regarding the distribution of the altered sensation whether dermatomal or peripheral is needed in order to establish the medical necessity of an EMG for the right lower extremity. In addition, an electrodiagnostic study from December 23, 2004 showed bilateral S1 radiculopathy. The medical records failed to show evidence of progression or significant changes in the patient's condition to warrant a repeat electrodiagnostic study. Therefore, the request for electromyography (EMG) to bilateral lower extremities is not medically necessary.

NERVE CONDITIONING VELOCITY (NCV) TO BILATERAL LOWER EXTREMITY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back -Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Nerve Conduction Studies 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with chronic lower back pain with weakness of the lower extremities and left leg numbness. Physical examination showed altered sensation in the lower extremities. However, the report of altered sensation in the lower extremities is unclear; information regarding the distribution of the altered sensation whether dermatomal or peripheral is needed in order to establish the medical necessity of a NCV. In addition, a comprehensive neurologic examination was not available. Therefore, the request for nerve conduction velocity (NCV) to bilateral lower extremities is not medically necessary.

