Case Number:	CM14-0022722		
Date Assigned:	06/11/2014	**Date of Injury:**	09/16/2004
Decision Date:	08/06/2014	**UR Denial Date:**	02/10/2014
Priority:	Standard	**Application Received:**	02/24/2014

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 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 48 year old with a lifting industrial injury to his low back dated 9/16/04.His diagnoses include lumbar sprain/strain; lumbosacral radiculopathy, lumbar degenerative disc disease and spinal stenosis. Under consideration is a request for electromyography (EMG) of the bilateral lower extremities; nerve conduction velocity of the bilateral lower extremities; one updated MRI of the lumbar spine without contrast. There is a 1/8/14 request for authorization document where the physician states that the patient has complaints of chronic unremitting pain in his lumbar spine with radiation of his pain to lower extremities bilaterally. There was a submitted request for the lumbar spine fusion at levels L3-L4, L4-L5, and L5-S1. However the document states that it has never been authorized. On physical examination, he is exhibiting spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, Decreased sensation is noted in L5 and S1 dermatomes bilaterally. The patient's treatment has included aquatic therapy, medication management, and epidural injections to the lumbar spine. Per a 12/20/05 AME the patient has undergone an MRI scan of his lumbar spine, as well as an EMG/NCV study of his bilateral lower extremities. The EMG was positive for left L5 and bilateral S1 radiculopathy. The AME also states that the patient complains of constant pain in his low back, which radiates down both legs, greater on the right. He feels numbness and tingling in his right leg. He feels weakness in his bilateral legs. He has to take medication to sleep at night. He has no bowel or bladder dysfunction. The patient relates the pain in his legs is radiating from his low back, and not a separate injury. On exam there is lumbar paraspinal tenderness. There is decreased lumbar range of motion. Straight leg raising performed in the supine and sitting positions are negative, bilaterally. Heel- and toe-walking is performed with slight difficulty. Neurological examination

reveals the deep tendon reflexes to be equal in the patellar (0) and Achilles (1 +) tendons. Babinski's sign is negative. Clonus testing is negative. The Sensory examination, utilizing the Wartenberg wheel and light touch, is intact bilaterally with no indication of hypoesthesia or hyperesthesia. There is tightness in both hamstrings. Muscle functions appear to be normal with no evidence of weakness. Lasegue's sign and the Fabere maneuver are negative bilaterally. Per AME the MRI scan performed on October 9, 2004 has revealed extensive and advanced degenerative disc disease, facet disease, and spinal stenosis at multiple levels. This pathology is long standing in nature. Given his current examination and due to the multilevel nature of his back pain and the fact that his pain emanates from so many potential pain generators, surgery will not place him in a better functional position than he is in right now. On today's examination, there is no clinical evidence of nerve tension signs. His pain is predominantly in the mid and low back with occasional radiation down the right leg and infrequently on the left. Straight leg raising is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

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: Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: Electromyography (EMG) of the bilateral lower extremities is not medically necessary per the MTUS and ODG guidelines. The ACOEMS states 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 does not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG also states that EMG's are not necessary if radiculopathy is already clinically obvious.The documentation indicates that a prior nerve conduction/EMG test in 2005 revealed lumbar radiculopathy. The documentation indicates that this is a chronic condition and the patient feels his lower extremity symptoms are radiating from his back. The documentation does not indicate evidence suggestive of a generalized peripheral polyneuropathy or other condition that may require further electrodiagnostic evaluation. The documentation is not clear on how electromyography or nerve conduction studies of the bilateral lower extremities would change the management of this patient. Electromyography (EMG) of the bilateral lower extremities is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: 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) (ODG) Low back: Nerve conduction studies (NCS); EMGs (electromyography).

Decision rationale: Nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary per the MTUS and ODG guidelines. The ACOEMS states 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 does not recommend nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation indicates that a prior nerve conduction/EMG test in 2005 revealed lumbar radiculopathy. The documentation indicates that this is a chronic condition and the patient feels his lower extremity symptoms are radiating from his back. The documentation does not indicate evidence suggestive of a generalized peripheral polyneuropathy or other condition that may require further electrodiagnostic evaluation. The documentation is not clear on how electromyography or nerve conduction studies of the bilateral lower extremities would change the management of this patient. Nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary.

ONE UPDATED MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: 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): 303-304.

Decision rationale: One updated MRI of the lumbar spine without contrast is not medically necessary MRI of the lumbar spine without contrast is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that indiscriminant imaging will result in false-positive findings,such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated.The documentation submitted does not reveal evidence of red flag conditions. The recent documentation does not indicate that lumbar surgery has been authorized at this point. The request for MRI of the lumbar spine without contrast is not medically necessary.