

Case Number:	CM14-0029978		
Date Assigned:	06/20/2014	Date of Injury:	11/25/2008
Decision Date:	08/07/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 claimant is a 46-year-old female injured on November 19, 2008, while pulling a cart. The records available for review document a June 24, 2009, electromyography/nerve conduction velocity (EMG/NCV) study that showed evidence of mild chronic L4-5 radiculopathy on the left and mild right peroneal neuropathy. The claimant was treated with epidural steroid injections on August 11, 2009, and January 5, 2010, followed by a lumbar microdiscectomy of the L5-S1 level on April 13, 2011. The records reference an October 30, 2012, magnetic resonance imaging (MRI) scan, which showed desiccation measuring 2 millimeters, as well as central and bilateral neural foraminal narrowing, left greater than right, at level L4-5. Recurrent disc herniation was noted at the L5-S1 level, measuring 4 to 5 millimeters and compressing the L5 and S1 nerve roots on the left side. The claimant has been diagnosed with bilateral knee sprains/strains; recurrent herniated nucleus pulposus on the left at levels L5-S1; desiccation at the L4-5 level with neural foramina on the left; gastroesophageal reflux disease (GERD) secondary to medication usage; and anxiety and depression secondary to the industrial injury. The claimant participated in a home exercise program in January 2013. At the June 2, 2014, follow-up, the claimant reported constant pain that radiated to the bilateral lower extremities, left greater than the right, with associated numbness, a tingling sensation to the bilateral feet, and weakness to the bilateral lower extremities, left greater than the right. The claimant also reported intermittent right knee pain, numbness and tingling, and constant left knee pain, with numbness, tingling, weakness, giving-way episodes and swelling. Physical examination showed restricted range of motion of the lumbar spine. Straight leg raise and Braggard's were positive on the left and negative on the right. Lower extremity motion was 5/5 bilaterally in the iliopsoas, quadriceps, tibialis anterior, extensor hallucis longus, gastrocnemius and peroneus longus muscle groups, except for weakness in the left extensor hallucis longus at 4/5. Sensory exam revealed dull and

diminished findings over the left L5 dermatomes with all remaining dermatomes intact. Gait was slow and guarded, favoring the left lower extremity. This request is for an electromyography (EMG) of the right lower extremity, an EMG of the left lower extremity, a nerve conduction velocity (NCV) study of the right lower extremity and an NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography (EMG) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 02/13/14), EMG's (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp. 2013 Updates: Low Back chapter.

Decision rationale: According to California MTUS ACOEM and Official Disability Guidelines, the request for an EMG of the right lower extremity cannot be supported. Under ACOEM and Official Disability Guidelines (ODG) criteria, electrodiagnostic studies are indicated following one month of continuous conservative treatment and are not necessary if radiculopathy is already clinically obvious. In this case, the reviewed records document a radicular process. The medical records do not clarify how the results of an EMG of the lower extremity would change the course of treatment to include surgery, nor do they document one month of continuous conservative care. For those reasons, this request would also not be indicated as medically necessary.

electromyography (EMG) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 02/13/14), EMG's (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp; 2013 Updates; Low Back chapter.

Decision rationale: According to California MTUS ACOEM and Official Disability Guidelines, the request for an EMG of the left lower extremity cannot be supported. Under ACOEM and Official Disability Guidelines (ODG) criteria, electrodiagnostic studies are indicated following one month of continuous conservative treatment and are not necessary if radiculopathy is already clinically obvious. In this case, the reviewed records document a radicular process. The medical records do not clarify how the results of an EMG of the lower extremity would change the course of treatment to include surgery, nor do they document one month of continuous conservative care. For those reasons, this request would also not be indicated as medically necessary.

nerve conduction velocity (NCV) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Updated 02/13/14), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp; 2013 Updates, Low Back chapter.

Decision rationale: According to California MTUS ACOEM and Official Disability Guidelines, the request for NCV of the left lower extremity would not be supported. Under ACOEM and Official Disability Guidelines (ODG) criteria, electrodiagnostic studies are indicated following one month of continuous conservative treatment and are not necessary if radiculopathy is already clinically obvious. In this case, the reviewed records document a radicular process. The ODG Guidelines do not recommend NCV testing when radiculopathy is presumed. The medical records do not clarify how the results of an NCV of the lower extremity would change the course of treatment to include surgery, nor do they document one month of continuous conservative care. For those reasons, this request would also not be indicated as medically necessary.

nerve conduction velocity (NCV) right lower extremity: Upheld

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