

Case Number:	CM14-0037595		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2004
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 underlying date of injury in this case is 11/05/2004. This patient was seen for a follow-up by the treating orthopedic surgeon on 03/03/2014. The patient indicated pain of 9/10 without medication. Specifically, the patient reported constant severe pain across the low back and down the left leg, with numbness and tingling down the left leg to the toes. On exam the patient had diminished sensation in the lateral leg and left foot. The treatment plan included a request for electrodiagnostic studies of both lower extremities in order to follow-up a radiculopathy. The treating physician indicated a plan to consider lumbar epidural injections and indicated that electrodiagnostic studies may be useful in order to obtain unequivocal evidence of radiculopathy. An initial physician reviewer opined that an EMG of the left lower extremity was medically necessary to rule out a radiculopathy but that nerve conduction studies in the left lower extremity or electrodiagnostic studies of the right lower extremity were not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies.

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

Decision rationale: The underlying date of injury in this case is 11/05/2004. This patient was seen for a follow-up by the treating orthopedic surgeon on 03/03/2014. The patient indicated pain of 9/10 without medication. Specifically, the patient reported constant severe pain across the low back and down the left leg, with numbness and tingling down the left leg to the toes. On exam the patient had diminished sensation in the lateral leg and left foot. The treatment plan included a request for electrodiagnostic studies of both lower extremities in order to follow-up a radiculopathy. The treating physician indicated a plan to consider lumbar epidural injections and indicated that electrodiagnostic studies may be useful in order to obtain unequivocal evidence of radiculopathy. An initial physician reviewer opined that an EMG of the left lower extremity was medically necessary to rule out a radiculopathy but that nerve conduction studies in the left lower extremity or electrodiagnostic studies of the right lower extremity were not supported.

EMG of Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electromyography (EMG).

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

Decision rationale: The California MTUS ACOEM Guidelines state that electromyography, including H-reflex tests, may be useful in order to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. I note that H-reflex tests are part of nerve conduction studies and that electromyography is a needle exam. The treatment guidelines support an indication both for nerve conduction studies and needle electromyography in evaluating neurological symptoms in the lower extremities. The prior treating physician stated that nerve conduction studies were not indicated because there was no evidence for a peripheral neuropathy; nerve conduction studies can be used to confirm a radiculopathy in a case such as this, such as with the use of H-reflex tests or identifying motor but not sensory nerve conduction abnormalities in a particular distribution. Moreover, implicit in the electrodiagnostic confirmation of a radiculopathy is the exclusion of a focal or generalized peripheral neuropathy. If an abnormality is found on electrodiagnostic testing, then contralateral comparative studies are indicated in order to confirm whether there is a focal versus generalized process. For these reasons, the initial request for both nerve conduction studies and needle electromyography in each lower extremity is supported by the treatment guidelines. The request for an EMG of the right lower extremity is medically necessary.

NCV of Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Studies.

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

Decision rationale: The California MTUS ACOEM Guidelines state that electromyography, including H-reflex tests, may be useful in order to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. I note that H-reflex tests are part of nerve conduction studies and that electromyography is a needle exam. The treatment guidelines support an indication both for nerve conduction studies and needle electromyography in evaluating neurological symptoms in the lower extremities. The prior treating physician stated that nerve conductions were not indicated because there was no evidence for a peripheral neuropathy; nerve conduction studies can be used to confirm a radiculopathy in a case such as this, such as with the use of H-reflex tests or identifying motor but not sensory nerve conduction abnormalities in a particular distribution. Moreover, implicit in the electrodiagnostic confirmation of a radiculopathy is the exclusion of a focal or generalized peripheral neuropathy. If an abnormality is found on electrodiagnostic testing, then contralateral comparative studies are indicated in order to confirm whether there is a focal versus generalized process. For these reasons, the initial request for both nerve conduction studies and needle electromyography in each lower extremity is supported by the treatment guidelines. The request for NCV of the right lower extremity is medically necessary.