

Case Number:	CM14-0066577		
Date Assigned:	07/16/2014	Date of Injury:	08/16/2012
Decision Date:	09/24/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 3/28/14 report notes increased pain radiating down both lower extremities with weakness in the left lower leg. Previous epidurals gave short relief. There is use of cane noted with positive left Lasague test and bilateral positive SLR. There is dyesthesia note in the Left L4-5 dermatome. There is pain on lumbar ROM with distal left lower extremity weakness. MRI was reported as multilevel DJD. There was a large L4-5 left disc protrusion noted with recess stenosis. Surgical referral was noted with request for EMG/NCV. 5/14/14 surgical evaluation notes pain in the lumbar spine. Examination noted left 4/5 strength for extensor hallucis Longus with decreased sensation in the left lateral calf and medial calf. 4/17/14 EMG reported prolonged H reflex latency suggestive of S1 radiculopathy on left side (not diagnostic) with no other abnormal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) www.odg-twc EMGs.

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,

EMG Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)

Decision rationale: The medical records indicate findings supportive of radiculopathy based on physical examination and as such not supportive of doing EMG per the ODG. There is no documentation of surgical consultation requiring EMG in order to ascertain surgical planning. As such the medical records do not support medical necessity of EMG congruent with the ODG criteria.

NCS (Nerve conduction study) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) www.odg-twc.com EMGs.

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, NCV Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

Decision rationale: The medical records indicate findings supportive of radiculopathy based on physical examination and as such not supportive of doing NCV per the ODG. There is no documentation of surgical consultation requiring NCV in order to ascertain surgical planning. As such the medical records do not support medical necessity of NCV congruent with the ODG criteria.

