Case Number:	CM14-0081620		
Date Assigned:	07/18/2014	**Date of Injury:**	10/08/2012
Decision Date:	08/27/2014	**UR Denial Date:**	05/02/2014
Priority:	Standard	**Application Received:**	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 47 year old male farm worker whose date of injury is 10/08/12, when he injured his low back after dumping grapes into a bin. Magnetic resonance image (MRI) of the lumbar spine dated 01/02/13 revealed L5-S1 disc degeneration, extruded disc material at L5-S1 within the left lateral recess causing severe stenosis of the left lateral recess, mild diffuse spondylosis and mild right-sided foraminal stenosis at L4-5. Electromyogram/nerve conduction velocity dated 12/11/13 revealed evidence of left L5-S1 radiculopathy. Progress reports dated 04/10/14 noted that the injured worker was seen regarding low back pain. He has had 10 sessions of chiropractic therapy and 3 sessions of acupuncture, which has provided some relief. The injured worker continues to await authorization for a Transforaminal Epidural Steroid Injection on left L5 and S1. He complains of low back pain radiating to the left lower extremity. The injured worker has been taking Norco, Elavil and LidoPro topical ointment. On examination he walks with normal gait, but heel and toe walk is abnormal. There is moderate tenderness to palpation L5-S1 midline, left paraspinal region L5-S1, and left sciatic notch. Range of motion of the lumbar spine is significantly limited in all planes. There is diminished sensation to light touch and pinprick in the left L4, L5 and S1 dermatomes. Motor strength demonstrates 4+/5 left psoas, quadriceps; 4-/5 left hamstrings; 3+/5 left temporal arteritis, extensor hallucis longus, inversion, plantar flexion and eversion. Reflexes are diminished in bilateral patella and Achilles. Straight leg raise is positive on the left at 30 degrees with pain radiating to the foot. Slump test is positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Low Back Chapter, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies (EDS).

Decision rationale: 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. Official Disability Guidelines provides that EMG 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. The injured worker has obvious findings of radiculopathy on clinical examination with motor, sensory and reflex changes as well as positive straight leg raise on the left. Moreover, the injured worker has undergone previous electrodiagnostic testing which was reported as an abnormal study with evidence of left L5-S1 radiculopathy. There was no rationale for repeat EMG with previous study diagnostic of left L5-S1 radiculopathy. Based on the clinical information provided, Electromyography (EMG) for the Bilateral Lower Extremities is not medically necessary.

Nerve Conduction Velocity Study (NCV) for 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, Treatment Index, 11th edition (web), 2013, Low Back Chapter, Nerve conduction studies (NCS).

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, Electrodiagnostic studies (EDS).

Decision rationale: 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. Official Disability Guidelines provides that EMG 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. Nerve Conduction Studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has obvious findings of radiculopathy on clinical examination with motor, sensory and reflex changes as well as positive straight leg raise on the left. Moreover, the injured worker has undergone previous electrodiagnostic testing which was reported as an abnormal study with evidence of left L5-S1 radiculopathy. Based on the clinical information provided, Nerve Conduction Velocity Study (NCV) for the Bilateral Lower Extremities is not medically necessary.