Case Number:	CM14-0091283		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2009
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pain Medicine 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 injured worker is a 38 year-old male with a date of injury of 8/17/2009. The patient's industrially related diagnoses include lower back pain, discopathy and lumbar radiculopathy. The disputed issues are Electromyogram of left and right lower extremities and Nerve Conduction Velocity of left and right lower extremities. A utilization review determination on 5/23/2014 had noncertified these requests. The stated rationale for the denial was that "the patient underwent EMG and nerve conduction studies of bilateral lower extremities on 11/20/2009. There is no recent physical examination provided for this review. Therefore, there is no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for repeat testing."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts

ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: 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 update to ACOEM Chapter 12, Low Back Disorders on pages 60-61 further states: The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica. Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001) With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: Nerve conduction studies (NCS) section: 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) However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, EMG/NCV studies are recommended in evaluations for lumbar radiculopathy. The injured worker had an EMG/NCV of the left and right lower extremities on 11/20/09. On the progress note dated 5/12/2014 the primary treating physician requested another EMG/NCV of the lower extremities. However, there is no documentation of a change in the injured worker's condition and no documentation of a physical exam or clinical findings demonstrating any significant change or progression of the injured worker's symptoms that would support the need to repeat the studies. Therefore due to the lack of supporting documentation, an Electromyogram of the left lower extremity is not medically necessary.

Electromyogram of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, ACOEM Chapter 12 on page 303 states: 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 injured worked had an EMG/NCV of the lower extremities on 11/20/09. On the progress note dated 5/12/2014 the primary treating physician requested another EMG/NCV of the lower extremities. However, there is no documentation of a change in the injured worker's complaints and no documentation of a physical exam demonstrating any significant change in the injured worker's symptoms that

would support the need to repeat the studies. Therefore due to the lack of supporting documentation, an Electromyogram of the right lower extremity is not medically necessary.

Nerve Conduction Velocity of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, ACOEM Chapter 12 on page 303 states: 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 injured worked had EMG/NCV studies of the lower extremities on 11/20/09. On the progress note dated 5/12/2014 the primary treating physician requested another EMG/NCV of the lower extremities. However, there is no documentation of a change in the injured worker's complaints and no documentation of a physical exam demonstrating any significant change in the injured worker's symptoms that would support the need to repeat the studies. Therefore due to the lack of supporting documentation, Nerve Conduction Study of the left lower extremity is not medically necessary.

Nerve Conduction Velocity of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, ACOEM Chapter 12 on page 303 states: 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 injured worked had an EMG/NCV of the lower extremities on 11/20/09. On the progress note dated 5/12/2014 the primary treating physician requested another EMG/NCV of the lower extremities. However, there is no documentation of a change in the injured worker's complaints and no documentation of a physical exam demonstrating any significant change in the injured worker's symptoms that would support the need to repeat the studies. Therefore due to the lack of supporting documentation, an Electromyogram of the right lower extremity is not medically necessary.