Case Number:	CM14-0095795		
Date Assigned:	07/25/2014	**Date of Injury:**	09/15/2000
Decision Date:	09/11/2014	**UR Denial Date:**	05/28/2014
Priority:	Standard	**Application Received:**	06/24/2014

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 Interventional Spine 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 patient is a 52 years old male with an injury date on 09/15/2000. Based on the 01/24/2014 progress report provided by [redacted], the diagnoses are:1. Status post bilateral revision L4-5 discectomy.2. Status post left-sided L4 discectomy.3. Status post L5-S1 discectomy.According to this report, the patient complains of low back and right hip pain. Increased numbness and tingling was noted at left leg. Pain is worsens with prolonged standing and walking. The pain has "increased over the last four weeks postoperatively." Lumbar range of motion is restricted. Positive right straight leg raise and left FABER's maneuver was noted. There is decreased sensation about the L5 dermatome on the left. There were no other significant findings noted on this report. The utilization review denied the request on 05/28/2014. [redacted] is the requesting provider, and he provided treatment reports from 12/04/2013 to 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Left Lower Extremity 95886, 95909: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT INDEX, LOW BACK.

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

Decision rationale: According to the 01/24/2014 report by [redacted] this patient presents with low back and right hip pain. The treater is requesting Electromyography of the left lower extremity. Review of the reports do not show any evidence of EMG being done in the past. On 01/24/2013, the report states the patient has "new onset of numbness and tingling and increased symptoms." Regarding electrodiagnosticstudies of lower extremities, ACOEM 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." In this case, patient presents with persistent radicular symptoms down the left leg andelectrodiagnostic studies are appropriate to differentiate radiculopathy vs peripheral neuropathy. Therefore, this request is medically necessary.

Nerve Conduction Velosity (NCV) Right Lower Extremity 95886, 95909: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary)Nerve conduction studies (NCS)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) 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: According to the 01/24/2014 report by [redacted] this patient presents with low back and right hip pain. The treater is requesting Nerve conduction velocity (NCV) right lower extremity. Review of the reports do not show any evidence of NCV being done in the past. On 01/24/2013, the report states the patient has "new onset of numbness and tingling and increased symptoms." Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. However, ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, this request is not medically recommended.

Nerve Conduction Velocity (NCV) Left Lower Exrtemity 95886, 95909: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary)Nerve conduction studies (NCS)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) 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: According to the 01/24/2014 report by [redacted] this patient presents with low back and right hip pain. The treater is requesting Nerve conduction velocity (NCV) left lower extremity. Review of the reports do not show any evidence of NCV being done in the past. On 01/24/2013, the report states the patient has "new onset of numbness and tingling and increased symptoms." Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. However, ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, this request is not medically recommended.

Electromyography (EMG) Right Lower Extremity 95886, 95909: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, LOW BACK, EMGs.

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

Decision rationale: According to the 01/24/2014 report by [redacted] this patient presents with low back and right hip pain. The treater is requesting Electromyography right lower extremity. Review of the reports do not show any evidence of EMG being done in the past. Positive straight leg was on the right. On 01/24/2013, the report states the patient has "new onset of numbness and tingling and increased symptoms." Regarding electrodiagnostic studies of lower extremities, ACOEM 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." In this case, patient presents with persistentradicular symptoms and electrodiagnostic studies are appropriate to differentiate radiculopathy vs peripheral neuropathy. Therefore, this request is medically necessary.