

Case Number:	CM14-0124199		
Date Assigned:	08/08/2014	Date of Injury:	03/01/2011
Decision Date:	01/23/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Rehab, 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 female (age unknown) with an injury date of 03/01/11. As per progress report dated 03/14/14, the patient complains of ongoing pain in the lower back that radiates down to the legs with sciatica. Physical examination reveals decreased sensation in the right L5 and left L4 distribution. Straight leg raise is positive bilaterally. The patient has been allowed to work with restrictions, as per progress report dated 07/01/14. X-ray of the Lumbar Spine (no date provided), as per progress report dated 03/14/14: L5-S1 abnormality with tilting of the L5 and S1. Diagnosis, 03/14/14: Lower back pain that is radiating down the right leg despite therapy. The treater is requesting for (a) Electromyography (EMG) Of the Right Lower Extremity (B) Nerve Conduction Velocity (NCV) Of The Right Lower Extremity (C) Electromyography (EMG) Of the Left Lower Extremity (D) Nerve Conduction Velocity (NCV) Of the Left Lower Extremity. The utilization review determination being challenged is dated 07/24/14. The rationale for the denial of all the four electrodiagnostic studies was "The patient is not presented as having progressive; neurologic dysfunction nor as a surgical candidate, at this time." Treatment report were provided from 03/14/14 - 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the 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, Low Back (Updated 07/03/14): EMGs (electromyography)

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 - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with ongoing pain in the lower back that radiates down to the legs with sciatica, as per progress report dated 03/14/14. The request is for Electromyography (EMG) of the Right Lower Extremity. There are no pain ratings available. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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." The progress reports provide very little information. There is no documentation of prior EMG study for the right lower extremity. There is no diagnosis of radiculopathy. Physical examination reveals decreased sensation in the Right L5 distribution and a positive straight leg raise bilaterally. X-ray of the lumbar spine also reveals L5-S1 abnormalities. The patient has chronic pain. While the reports do not discuss treatment extensively, it is reasonable to assume that the patient has had some conservative therapy, given the patient's date of injury. An EMG study may be beneficial at this stage. This request is medically necessary.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Updated 07/03/14): 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: The patient presents with ongoing pain in the lower back that radiates down to the leg with sciatica, as per progress report dated 03/14/14. The request is for Nerve Conduction Velocity (NCV) Of the Right Lower Extremity. There are no pain ratings available. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "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." The progress reports provide very little information. There is no documentation of prior NCV study for the right lower extremity. Although there is no diagnosis of radiculopathy, the patient has chronic pain and physical examination reveals decreased sensation in the Right L5 distribution and a positive straight leg

raise bilaterally. X-ray of the lumbar spine also reveals L5-S1 abnormalities. ODG guidelines do not recommend NCS for patients with "symptoms on the basis of radiculopathy." Hence, NCV is not medically necessary.

Electromyography (EMG) of the 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, Low Back (Updated 07/03/14): EMGs (electromyography)

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 - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: The patient presents with ongoing pain in the lower back that radiates down to the legs with sciatica, as per progress report dated 03/14/14. The request is for Electromyography (EMG) of The Left Lower Extremity. There are no pain ratings available. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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." The progress reports provide very little information. There is no documentation of prior EMG study for the left lower extremity. There is no diagnosis of radiculopathy. Physical examination reveals decreased sensation in the Left L4 distribution and a positive straight leg raise bilaterally. X-ray of the lumbar spine also reveals L5-S1 abnormalities. The patient has chronic pain. While the reports do not discuss treatment extensively, it is reasonable to assume that the patient has had some conservative therapy, given the patient's date of injury. An EMG study may be beneficial at this stage. This request is medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Updated 07/03/14): 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: The patient presents with ongoing pain in the lower back that radiates down to the leg with sciatica, as per progress report dated 03/14/14. The request is for Nerve Conduction Velocity (NCV) of the Left Lower Extremity. There are no pain ratings available. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "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." The progress reports provide very little information. There is no documentation of prior NCV study for the left lower extremity. Although there is no diagnosis of radiculopathy, the patient has chronic pain and physical examination reveals decreased sensation in the LEFT L4 distribution and a positive straight leg raise bilaterally. X-ray of the lumbar spine also reveals L5-S1 abnormalities. ODG guidelines do not recommend NCS for patients with "symptoms on the basis of radiculopathy." Hence, NCV is not medically necessary.