

Case Number:	CM14-0188596		
Date Assigned:	11/19/2014	Date of Injury:	11/06/2013
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, and is licensed to practice in Virginia and Washington DC. 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:

This is a 46 year old patient who sustained injury on Nov 6 2013. She developed pain in her lower back. She was noted to have severe pain in the lower back area. She was diagnosed with right lumbar spine radiculitis with finding soft dextroconvex scoliosis and degenerative endplate osteophytes at L5, right plantar fasciitis and a sleep disorder. An EMG and NCV were ordered for both lower extremities for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG, Low back

Decision rationale: MTUS and ACOEM does not specifically address this study in the lower extremity. Per ODG, EMG is recommended as an option(needle not surface. EMG(electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after

one month conservative therapy but EMGs are not necessary if radiculopathy is already clinically obvious. 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. EMGs may be required by the AMA guides for 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 not recommended. See surface electromyography). Based on the clinical data provided this testing would not be indicated.

NCV 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 (ODG), Low Back; Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back NCS (nerve conduction study)

Decision rationale: Per ODG, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient presumed to have symptoms on the basis of radiculopathy(Utah, 2006) See also 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, no surface) to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious.

EMG Left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG, Low back

Decision rationale: MTUS and ACOEM does not specifically address this study in the lower extremity. Per ODG, EMG is recommended as an option(needle not surface. EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but EMGs are not necessary if radiculopathy is already clinically obvious. 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. EMGs may be required by the AMA

guides for 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 not recommended. See surface electromyography). Based on the clinical data provided this testing would not be indicated.

NCV 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 (ODG), Low back, Nerve conduction study (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, Nerve conduction study (NCS)

Decision rationale: Per ODG, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient presumed to have symptoms on the basis of radiculopathy. See also 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, no surface) to obtain unequivocal evidence of radiculopathy , after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious.