

Case Number:	CM14-0188816		
Date Assigned:	11/19/2014	Date of Injury:	10/13/2010
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
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 Physical Medicine and Rehabilitation 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 41 year old male with date of injury 10/13/2010. The treating physician report dated 04/02/2014 indicates that the patient presents with pain affecting the lumbar spine. The patient rates their pain as 3-6/10. The physical examination findings reveal positive Sacroiliac Testing, Kemp's Test, Farfan Test, all in both sides. The patient also has positive Seated Straight Leg Raise at 70 degrees in both left & right and Supine Straight Leg Raise at 60 degrees in both right & left. Prior treatment history includes posterior fusion laminectomy, medication, a walker, and physical therapy. The current diagnoses are: Cervical spine disc disease; cervical spine radiculopathy; lumbar spine radiculopathy; status post shoulder arthroscopy; status post L4-S1 fusion; painful retained hardware; lumbar facet syndrome; bilateral sacroiliac joint arthropathy; status post hardware removal 03/24/14; chronic lower back pain; and diabetic neuropathy. The utilization review report dated 10/29/2014 denied the request for EMG left & right lower extremity and NCV left & right lower extremity based on limited clinical information and guidelines not being met. status post hardware removal 03/24/14; chronic lower back pain; and diabetic neuropathy. The utilization review report dated 10/29/2014 denied the request for EMG left & right lower extremity and NCV left & right lower extremity based on limited clinical information and guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter EMGs

Decision rationale: The patient presents with pain in the lumbar spine and the current request is for EMG left lower extremity. The primary treating physician report dated 10/15/14 states the patient has "lumbar pain radiating into both legs & feet." The primary treating physician has diagnosed the patient with lumbar radiculopathy. The Official Disability Guidelines (ODG) states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, and peripheral neuropathy." They also state that EMGs are recommended as an option for the low back. In this case, the treating physician has documented signs of radiculopathy and the patient continues with radiating pain following surgery on 3/24/14. Therefore, this request is medically necessary.

NCV right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, EDS

Decision rationale: The patient presents with pain affecting the lumbar spine and the current request is for NCV right lower extremity. The primary treating physician has diagnosed the patient with lumbar radiculopathy. However, Official Disability Guidelines (ODG) guidelines state, "Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." In regard to NCV studies, ODG guidelines states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, there is no presumption of radiculopathy. The treating physician has documented physical examination findings that may be indicative of radiculopathy. ODG states that the usage of electrodiagnostic studies should be medically indicated, which has been established. Therefore, this request is medically necessary.

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Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, EMGs

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for NCV left lower extremity. The primary treating physician has diagnosed the patient with lumbar radiculopathy. However, Official Disability Guidelines (ODG) guidelines state, "Nerve conduction studies (NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." In regard to NCV studies, ODG guidelines states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In this case, there is no presumption of radiculopathy. The treating physician has documented physical examination findings that may be indicative of radiculopathy. ODG states that the usage of electrodiagnostic studies should be medically indicated, which has been established. Therefore, this request is medically necessary.

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Decision rationale: The patient presents with pain in the lumbar spine and the current request is for EMG right lower extremity. The primary treating physician report dated 10/15/14 states the patient has "lumbar pain radiating into both legs & feet." The primary treating physician has diagnosed the patient with lumbar radiculopathy. The Official Disability Guidelines (ODG) states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, and peripheral neuropathy." They also state that EMGs are recommended as an option for the low back. The treating physician in this case has documented signs of radiculopathy and the patient continues with radiating pain following surgery on 3/24/14. Therefore, this request is medically necessary.