

Case Number:	CM14-0197787		
Date Assigned:	12/08/2014	Date of Injury:	06/03/2014
Decision Date:	03/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male who sustained a work related injury on 6/03/2014. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the most recent submitted Primary Treating Physician's Progress Report (PR2) dated 7/22/2014 the injured worker reports dull, intermittent, moderately severe back pain. He denies paresthesias, numbness, tingling, weakness or radiation of the pain. Objective physical examination reveals a normal gait and posture; there is no weakness of the lower extremities. There are no spasms to the thoracolumbar spine and paravertebral musculature. There is tenderness to the thoracolumbar spine and paravertebral musculature. There is no restriction of range of motion of the back. Straight leg raise test is negative. Diagnoses included muscle spasm, back, and lumbar sprain/strain. The plan of care includes continuation of medications and follow-up care with a specialist. Work Status is modified duty. On 10/16/2014, Utilization Review non-certified a prescription for EMG/NCV of the bilateral lower extremities based on lack of medical necessity as determined by the guidelines. The ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) 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 (ODG), EMGs (electromyography)

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

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity with numbness and tingling. The request is for EMG of left lower extremity. Patient's diagnosis on 09/18/14 included lumbar radiculopathy and lumbar sprain/strain. Physical examination to the lumbar spine on 09/18/14 revealed tenderness to palpation to the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. Muscle spasm of the lumbar paraspinals. Straight leg raise test causes pain bilaterally. Lasegue positive at 65 degrees. Physical examination on 09/24/14 showed positive Kemp's test. Medications prescribed on 09/24/14 included Hydrocodone, Naproxen, Cyclobenzaprine and Omeprazole. The patient is temporarily totally disabled. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." UR letter dated 10/16/14 states "... there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." However, ACOEM supports this testing for patients presenting with low back pain. The patient continues with low back pain, and there is no documentation that patient has had prior EMG/NCV studies. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.

NCV (nerve conduction velocity) of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, under Nerve conduction studies; Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity with numbness and tingling. The request is for NCV of left lower extremity. Patient's diagnosis on 09/18/14 included lumbar radiculopathy and lumbar sprain/strain. Physical examination to the lumbar spine on 09/18/14 revealed tenderness to palpation to the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. Muscle spasm of the lumbar paraspinals. Straight leg raise test causes pain bilaterally. Lasegue positive at 65 degrees. Physical examination on 09/24/14 showed positive Kemp's test. Medications prescribed on 09/24/14 included Hydrocodone, Naproxen, Cyclobenzaprine and Omeprazole. The patient is temporarily totally disabled. Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies 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." ODG for Electrodiagnostic studies (EDS) states,

"(NCS) which are not recommended for low back conditions and EMGs (Electromyography) which are recommended as an option for low back."The patient continues with low back pain, and there is no documentation that patient has had prior EMG/NCV studies. However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS medically necessary.

NCV (nerve conduction velocity) of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, under Nerve conduction studies; Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity with numbness and tingling. The request is for NCV of right lower extremity. Patient's diagnosis on 09/18/14 included lumbar radiculopathy and lumbar sprain/strain. Physical examination to the lumbar spine on 09/18/14 revealed tenderness to palpation to the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. Muscle spasm of the lumbar paraspinals. Straight leg raise test causes pain bilaterally. Lasegue positive at 65 degrees. Physical examination on 09/24/14 showed positive Kemp's test. Medications prescribed on 09/24/14 included Hydrocodone, Naproxen, Cyclobenzaprine and Omeprazole. The patient is temporarily totally disabled.Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies 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." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back."The patient continues with low back pain, and there is no documentation that patient has had prior EMG/NCV studies. However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies. Therefore, the request IS medically necessary.

EMG (electromyography) 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 (ODG), EMGs (electromyography)

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

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity with numbness and tingling. The request is for EMG OF RIGHT LOWER EXTREMITY. Patient's diagnosis on 09/18/14 included lumbar radiculopathy and lumbar sprain/strain. Physical examination to the lumbar spine on 09/18/14 revealed tenderness to palpation to the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. Muscle spasm of the lumbar paraspinals. Straight leg raise test causes pain bilaterally. Lasegue positive at 65 degrees. Physical examination on 09/24/14 showed positive Kemp's test. Medications prescribed on 09/24/14 included Hydrocodone, Naproxen, Cyclobenzaprine and Omeprazole. The patient is temporarily totally disabled. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." UR letter dated 10/16/14 states "... there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." However, ACOEM supports this testing for patients presenting with low back pain. The patient continues with low back pain, and there is no documentation that patient has had prior EMG/NCV studies. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.