Case Number:	CM14-0201546		
Date Assigned:	12/11/2014	**Date of Injury:**	01/11/2012
Decision Date:	04/03/2015	**UR Denial Date:**	10/28/2014
Priority:	Standard	**Application Received:**	12/01/2014

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 56 year old male who sustained an industrial injury on 01/11/12. He reports lumbar spine pain with radiating symptoms into the left lower extremities and also left knee pain. Treatments to date include physical therapy, acupuncture, and medications. Diagnoses include lumbar sprain/strain, anxiety and depression, insomnia, hypertension secondary to pain, and internal derangement of the left knee. In a progress note dated 9/11/14 the treating provider recommends an EMG/NCV of the bilateral lower extremities to establish the presence of radiculitis or neuropathy. The physical exam on this date revealed that the patient had lumbar spine pain with radiating symptoms into the lower extremities. The lumbar spine exam revealed a positive straight leg raise and decreased range of motion. There is hypoesthesia at the L4,L5,S1 dermatome bilaterally. There is weakness in the toe dorsiflexors and big toe plantar flexors. The documentation indicates that the patient had an electrodiagnostic study on 4/3/12 that revealed a normal nerve conduction study without peripheral polyneuropathy but an abnormal EMG with a right active S1 denervation. On 10/28/14 Utilization Review non-certified the EMG/NCV, citing ACOEM guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-/NCV BLE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)Nerve conduction studies (NCS) Neck and upper back-.

Decision rationale: EMG/NCV BLE is medically necessary per the MTUS Guidelines and the ODG. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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. The ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The documentation indicates that the patient has a history of diabetes mellitus, lumbar radiculopathy and now symptoms of hypoesthesia and weakness in the BLE. It is not unreasonable in this patient to have updated electrodiagnostic studies to distinguish radiculopathy vs peripheral polyneuropathy. The request for EMG/BLE is medically necessary.