

Case Number:	CM14-0209773		
Date Assigned:	12/23/2014	Date of Injury:	07/02/2012
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabn

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 53 year old male with an injury date of 07/02/12. Based on the 08/08/14 progress report, the patient complains of sharp, throbbing headaches localized at the base of the skull. He rates this pain as a 4-5/10. The patient also has mid back pain and muscle spasms which he rates as a 7-8/10. He has radicular low back pain and muscles spasms which he rates as a 6-7/10. This pain is associated with numbness/tingling of the bilateral lower extremities. The patient has stabbing left hip pain and muscle spasms which he rates as a 4-5/10. The 09/05/14 report indicates that the patient has low back pain and left hip pain. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. There is bilateral lumbar muscle guarding and L3-L5 are tender to palpation. The 11/10/14 report states that the patient has a chronic cough and is gasping for air. He has a left leg antalgic gait and has difficulty toe-walking and heel-walking on the left side. The 08/06/14 MRI of the lumbar spine revealed the following:L5-S1: there is a 2 mm right-sided anterolisthesis of L5 with respect to S1. There is moderately severe facet hypertrophy which does not result in significant canal stenosis. Right facet hypertrophy very mildly narrows the right lateral recess without obvious impingement of the traversing nerve root.L3-4 and L4-5: Slight disc bulge without canal or foraminal stenosis scoliosis The patient's diagnoses include the following:Left hip painLeft hip s/p hip arthroscopy with another surgeonLeft hip tonnis 2 OABronchitis/asthmaLeft hip labral tearChronic low back and left leg painAnterolisthesis at L4-5 The utilization review

determination being challenged is dated 11/18/14. Treatment reports are provided from 05/12/14-11/10/14.

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 extremities times 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Electromyography (EMG) of the right lower extremities times 2. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has low back pain which radiates down the front, outer aspect and back of the left leg to the foot. An EMG may be reasonable but the request is for two (2) sets of EMG. The request is not medically necessary.

Nerve Conduction Velocity (NCV) of the left lower extremities: 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

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 headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Nerve Conduction Velocity (NCV) of the left lower extremities. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, NCV studies are not recommended

per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The treater does not raise any other concerns such as peripheral neuropathy. The requested NCV of the left lower extremities is not medically necessary.

Electromyography (EMG) of the left lower extremities times 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Electromyography (EMG) of the left lower extremities times 2. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has low back pain which radiates down the front, outer aspect and back of the left leg to the foot. An EMG may be reasonable but the request is for two (2) sets of EMG. The request is not medically necessary.

Nerve Conduction Velocity (NCV) of the right lower extremities: 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

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 headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Nerve Conduction Velocity (NCV) of the right lower extremities. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The treater

does not raise any other concerns such as peripheral neuropathy. The requested NCV of the right lower extremities is not medically necessary.

Nerve Conduction Velocity (NCV) of the lumbar spine: 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: 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 headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Nerve Conduction Velocity (NCV) of the lumbar spine. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The treater does not raise any other concerns such as peripheral neuropathy. The requested NCV of the lumbar spine is not medically necessary.

Electromyography (EMG) of the lumbar spine times 2: 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

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

Decision rationale: The patient presents with headaches, mid back pain, low back pain, left hip pain, and left foot cramps. The request is for Electromyography (EMG) of the lumbar spine times 2. Review of the reports provided does not indicate of any prior electrodiagnostic studies. His low back pain radiates down the front, outer aspect and back of the left leg to the foot. His left foot cramps and he uses a cane for aid in ambulation. There is numbness/tingling/burning in the left leg. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." In this case, the patient has low back pain which radiates

down the front, outer aspect and back of the left leg to the foot. An EMG may be reasonable but the request is for two (2) sets of EMG. The request is not medically necessary.