

Case Number:	CM14-0024234		
Date Assigned:	06/11/2014	Date of Injury:	04/17/2009
Decision Date:	02/25/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female who got injured on 5/5/2010. The injured worker was at work when a rolling chair slipped out from under her and she fell back landing on her buttocks. She is being managed for low back pain that radiates into both legs. She has been managed conservatively with medications and has had physical therapy. MRI dated 7/21/2011 showed L3-4 disc space desiccation with normal stature and no evidence of disc protusion, moderate narrowing of the lateral recesses bilaterally, L4-5 disc space desiccation with normal stature and central disc protusion by approximately 3mm with ventral narrowing of the thecal sac and bright signal of the posterior annulus indicatiing posterior anular tear, significant narrowing of the lateral recesses bilaterally, there is schmorl's node of the superior endplate of L4. On 6/21/2013, She had a CT lumbar myelogram with contrast, spot imaging of the lumbar spine demonstrated moderate spinal stenosis at the L4-5 level, final report however states that she had a degenerative disc at L4-5, no central canal or neural foraminal narrowing, S1 is hemisacralised on the right side. 11/4/2012 She had another MRI which revealed progression of degenerative disc disease at L3-4 with a 3mm left foraminal disc protusion which abutes abd mildly displaces the exiting left L3 nerve root. She was seen on 1/27/2014 for follow up by her treating physician, she reports continued low back pain with any activity, she also complained of numbness, tingling weakness and pain into the lower extremity, Her physical exam was positive for walking with an altered gait, using a cane for ambulation, strength was 5/5 in both lower extremities. She was diagnosed with sprain of the lumbar region, lumbar/lumbosacral disc degeneration, lumbar disc

displacement. Treatment plan was for EMG and NCS of the lower extremities. The request is for EMG and NCS of both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, (EMGs) Electromyography

Decision rationale: The MTUS did not sufficiently address the use of EMG's and therefore other guidelines were consulted. Per the ODG electromyography is recommended as an option. EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. A review of the injured workers medical records shows that she has clinical symptoms of radiculopathy as well as positive MRI findings of radiculopathy. Therefore based on the injured workers clinical picture and the guidelines EMG of the right lower extremity is not medically necessary at this time.

Nerve Conduction Velocity (NCV) of left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Studies (NCS)

Decision rationale: The MTUS did not sufficiently address the use of NCS and therefore other guidelines were consulted, Per the ODG, NCS is 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 the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records shows that she has clinical symptoms of radiculopathy as well as positive MRI findings of radiculopathy. Based on the injured workers clinical picture and the guidelines nerve conduction velocity of the left lower extremity is not medically necessary at this time.

Nerve Conduction Velocity (NCV) of right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Studies (NCS)

Decision rationale: The MTUS did not sufficiently address the use of NCS and therefore other guidelines were consulted, Per the ODG, NCS is 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 the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records shows that she has clinical symptoms of radiculopathy as well as positive MRI findings of radiculopathy. Based on the injured workers clinical picture and the guidelines nerve conduction velocity of the right lower extremity is not medically necessary at this time.

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