

Case Number:	CM14-0048777		
Date Assigned:	06/27/2014	Date of Injury:	08/03/2007
Decision Date:	05/05/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The 58 year old female injured worker suffered an industrial injury on 08/03/2007. The diagnoses included cervical disc herniation with radiculopathy, carpal tunnel syndrome of wrists and lumbar strain/sprain, rule out herniated lumbar disc with radiculopathy. On 1/2/2014 the treating provider reported continued pain in the lumbar spine and neck and bilateral wrists. There was decreased mobility in the lumbar spine with tenderness. The treatment plan included Electromyography of the right lower extremity and Nerve Conduction Velocity of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of the right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Nerve conduction studies & Electrodiagnostic studies (EDS).

Decision rationale: Based on the 01/02/14 progress report provided by treating physician, the patient presents with continued lumbar spine pain. The request is for EMG (Electromyography) of the right lower extremity. Patient's diagnosis per Request for Authorization form dated 03/07/14 includes lumbar spine sprain/strain. Physical examination to the lumbar spine on 01/02/14 revealed tenderness to palpation to the paraspinal muscles, decreased mobility, and positive straight leg raise test. Prior treatments nor medications have been discussed. The patient is permanent and stationary, per progress report dated 01/02/14. 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." 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 Electro diagnostic studies (EDS) states: (NCS) which are not recommended for low back conditions and EMGs (Electromyography) which are recommended as an option for low back. UR letter dated 03/14/14 states: "there is no physical examination presented to establish the presence of radiculitis/neuropathy; however, there is no physical examination presented to suggest such a finding. The only noted finding is a straight leg raise, and this is hardly supportive of the need for electrodiagnostic testing." Per progress report dated 01/02/14, treater states: "we are awaiting authorization for EMG/NCV of bilateral lower extremities to establish the presence of radiculitis/neuropathy." Patient's diagnosis on 01/02/14 included: "lumbar spine strain/sprain rule out herniated lumbar disc with radiculitis/ radiculopathy." ACOEM supports this testing for patients presenting with low back pain. In this case, 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 right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Nerve conduction studies.

Decision rationale: Based on the 01/02/14 progress report provided by treating physician, the patient presents with continued lumbar spine pain. The request is for NCV (Nerve Conduction Velocity) of the right lower extremity. Patient's diagnosis per Request for Authorization form dated 03/07/14 includes lumbar spine sprain/strain. Physical examination to the lumbar spine on 01/02/14 revealed tenderness to palpation to the paraspinal muscles, decreased mobility, and positive straight leg raise test. Prior treatments nor medications have been discussed. The patient is permanent and stationary, per progress report dated 01/02/14. MTUS and ACOEM Guidelines do not discuss NCV. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per progress report dated 01/02/14, treater states: "we are awaiting authorization for EMG/NCV of bilateral lower extremities to establish the presence of radiculitis/neuropathy." Patient's

diagnosis on 01/02/14 included "lumbar spine strain/sprain rule out herniated lumbar disc with radiculitis/radiculopathy." 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 NOT medically necessary.