

Case Number:	CM14-0082840		
Date Assigned:	07/21/2014	Date of Injury:	06/06/2013
Decision Date:	02/28/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 male who suffered an industrial related injury on 6/6/2013 while doing heavy lifting. A physician's report dated 1/6/14 noted a MRI obtained on 6/10/13 revealed displacement at the L5 nerve root. The injured worker had complaints of dull low-grade back pain. The diagnosis was noted to be lumbar radiculopathy with a herniated lumbar disk. On 3/7/14, the injured worker received a right therapeutic transforaminal L4-5 epidural injection. The treating physician's report dated 3/31/14 noted the injured worker had complaints of back and right leg pain. Intermittent leg numbness was also noted. The injured worker last worked in October 2013. The injured worker attended physical therapy, which the injury worker stated did not help. Chiropractic treatment was noted to have exacerbated his symptoms. The injured worker was taking Norco, Skelaxin, and Tylenol No. 3. Physical examination findings included decreased lumbosacral spine range of motion. Sensation was grossly intact to touch in bilateral lower extremities. A MRI of the lumbar spine obtained 6/14/13 revealed diffuse spondylosis, annular fissures at L3-4, L4-5, and L5-S1, moderate thecal sac narrowing at L4-5, and mild impingement of the right L4 and L5 roots within the resected foramina. X-rays of the lumbar spine obtained on 6/10/13 revealed diffuse spondylosis from T12 to L5-S1. The diagnosis was lumbar disc displacement without myelopathy. On 5/7/14, the utilization review (UR) physician denied the requests for electromyography (EMG) tests of the left and right lower extremities and nerve condition studies (NCS) of the right and left lower extremities. Regarding the EMG and NCS tests for bilaterally lower extremities, the UR physician noted the injured worker has already undergone an MRI, which has visualized the area of impingement. In addition, the injured

worker does not have neurological complaints and his neurologic findings on examination are questionable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography to Lower Left Extremity: 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 rationale: The patient presents with back pain, rated 06/10, radiating down the back of his legs. The request is for an EMG, of the left lower extremity. Patient's diagnosis on 04/21/14 included back pain with neurological findings, failure of conservative care, disk herniation and pain as well as, nerve impingement. The patient is to return to modified duty. For EMG, the ACOEM Guidelines states, that 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. Per progress report dated 04/21/14, treating physician's reason for the request is to find exactly where the impingements are. In this case, the patient presents with low back pain lasting more than 3 to 4 weeks and given no prior EMG, the request is medically necessary.

Electromyography of Lower Right Extremity: 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 rationale: The patient presents with back pain, rated 06/10, radiating down the back of his legs. The request is for an EMG of the right lower extremity. Patient's diagnosis on 04/21/14 included back pain with neurological findings, failure of basically conservative care, disk herniation and pain as well as, nerve impingement. The patient is to return to modified duty. For EMG, the ACOEM Guidelines states, that 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. Per progress report dated 04/21/14, treating physician's reason for the request is to find exactly where the impingements are. In this case, the patient presents with low back pain lasting more than 3 to 4 weeks and given no prior EMG, the request is medically necessary.

Nerve Conduction Test of the Lower Left Extremity: Upheld

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

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 chapter: Nerve conduction studies; Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with back pain, rated 06/10, radiating down the back of his legs. The request is for a NCT of the left lower extremity. Patient's diagnosis on 04/21/14 included back pain with neurological findings, failure of basically conservative care, disk herniation and pain as well as, nerve impingement. The patient is to return to modified duty. Regarding Nerve conduction studies, the Official Disability Guidelines state that they 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. The Official Disability Guidelines 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. Per progress report dated 04/21/14, treating physician's reason for the request is to find exactly where the impingements are. In this case, there is no reference to prior EMG or NCT and the patient continues with low back pain rated 06/10 with significant radicular symptoms. The guidelines do not support routine 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. The request is not medically necessary.

Nerve Conduction Test of the Lower Right Extremity: Upheld

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

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 chapter: Nerve conduction studies; Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with back pain, rated 06/10, radiating down the back of his legs. The request is for NCT of the right lower extremity. Patient's diagnosis on 04/21/14 included back pain with neurological findings, failure of basically conservative care, disk herniation and pain as well as, nerve impingement. The patient is to return to modified duty. Regarding Nerve conduction studies, Official Disability Guidelines state that they 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. The Official Disability Guidelines 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. Per progress report dated 04/21/14, treating physician's reason for the request is to find exactly where the impingements are. In this case, there is no reference to prior EMG or NCT and the patient continues with low back pain rated 06/10 with significant radicular symptoms. The guidelines do not support routine 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. The request is not medically necessary.