

Case Number:	CM14-0083216		
Date Assigned:	07/21/2014	Date of Injury:	04/27/2012
Decision Date:	02/05/2015	UR Denial Date:	05/28/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 26 year old female sustained a work related injury on 04/27/2012. The mechanism of injury was not made known. On 11/21/2013 and 03/27/2014 the injured worker received a lumbar epidural steroid injection at right L4-5 and right L5-S1. These reports were submitted for review. According to an office visit dated 04/25/2014 the provider noted that the epidural steroid injection received on 03/27/2014 had provided the injured worker with excellent benefit of about 80 percent with increased activity and that she discontinued her Norco medication. The injured worker was noted to be in mild to moderate distress and did not appear to be overly medicated. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing. Range of motion in the lumbar spine was decreased. Deep tendon reflexes of Patella were 2/4 on right and left; Achilles tendon 1/4 on the right and 2/4 on the left. Knee flexion, knee extension, ankle flexion, ankle extension and great toe extension was 4-4+/5 on the right and 5/5 on the left. Sensory examination with the use of Wartenberg pinwheel was decreased along the posterolateral thigh and posterolateral calf in the right lower extremity compared to the left, in the approximate L5-S1 distribution. The straight leg raise in the modified sitting position was positive at 60 degrees on the right, which caused radicular symptoms in comparison to the left. A MRI of the lumbar spine performed on 03/05/2011 revealed a 4-5 right paracentral disc protrusion at L4-5, indenting the thecal sac and displacing and compressing the traversing right nerve root. There were 3-4 mm disc protrusions at L4-5 and L5-S1 with some midline central stenosis. This report was not submitted for review. Medications included Ultram ER, Anaprox DS, Prilosec, Topamax, Dendracin topical analgesic cream and Norco (on hold). The provider's assessment included lumbar herniated nucleus

pulposus with right lower extremity radiculopathy and medication induced gastritis. According to the provider's treatment plan, the injured worker was being referred for an EMG of the lower extremities which was certified on 09/25/2013, but never performed. Medications were refilled and the injured worker received four trigger point injections. According to a progress report dated 05/23/2014, Electromyography (EMG) of the bilateral lower extremities performed on 05/02/2014 revealed moderate acute right L5 radiculopathy. This report was not submitted for review. On 05/28/2014, Utilization Review non-certified Nerve Conduction Velocity studies (NCV) and Electromyography (EMG) that was requested on 05/21/2014. According to the Utilization Review physician documentation submitted for review indicated that the injured worker received relief from an epidural steroid injection and that she continued to become more active. Additionally, the documentation indicated that the injured worker had previous physical therapy but did not provide outcomes from those completed sessions and efficacy could not be determined. The request for NCV/EMG did not specify a body part for the procedure to be performed and guidelines state nerve conduction studies are not recommended for low back conditions. Guidelines referenced for this decision included California MTUS guidelines, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines Second Edition 2004 Chapter 12, page 303-305 and Official Disability Guidelines Low back/EMG. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back/electromyography (EMG's), Electrodiagnostic Studies (EDS)

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, EMGs

Decision rationale: The patient presents with low back pain. The current request is for Electromyography (EMG). The treating physician indicates, "the patient is being referred for lower extremities EMG, which was certified on September 25, 2013 but was never performed." The MTUS guidelines do not address electrodiagnostic studies. The Official Disability Guidelines for EMG states, "Recommended as an option (needle, not surface)." The provider in this case has documented evidence that could possibly indicate that the patient may have radiculopathy. The Official Disability Guidelines state, "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." In this case, the treating physician states that the patient has decreased sensory examination affecting the right leg L5/S1 distribution and positive straight leg raise (SLR) on the right. There is no documentation of left leg symptoms in the reports provided and the current request does not specify upper or lower extremities or right or left. While the treating physician report dated 4/25/14 states that the

request is for lower extremities EMG, the current request is vague and is not medically indicated. Therefore, this request is not medically necessary.

Nerve Conduction Velocity (NCV) Studies: 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): 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 Chapter, NCS

Decision rationale: The patient presents with low back pain. The current request is for Nerve Conduction Velocity (NCV) Studies. The Official Disability Guidelines state, "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 this case the treating physician has not provided proper documentation to support the current request. Therefore, this request is not medically necessary.