

Case Number:	CM15-0004270		
Date Assigned:	01/16/2015	Date of Injury:	08/22/2013
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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: Emergency 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:

This injured worker is a 40 year old male, who sustained an industrial injury on August 22, 2013. He reported a back injury. The diagnoses have included status post microdiscectomy of the lumbar four-lumbar five levels in June of 2014, lumbar disc herniation at lumbar five-sacral one levels, chronic lumbosacral strain, left lateral disc herniation at lumbar four-lumbar five levels and a broad-based disc bulge at lumbar five-sacral one levels. Treatment to date has included pain medication, MRI of the lumbar spine, physical therapy and a home exercise program. Current documentation dated December 11, 2014 notes that the injured worker reported pain in the thoracic spine with radiation down the bilateral extremities, worse on the left. Physical examination of the back and lower extremities revealed decreased range of motion by fifty percent. Sensation was decreased throughout the right lower extremity. Straight leg raise was positive bilaterally. Tenderness was noted in the thoracic spine and lumbar spine. On December 30, 2014 Utilization Review non-certified requests for a electromyography of the right and left lower extremities and an nerve conduction velocity study of the right and left lower extremities. The MTUS, ACOEM Guideline and Official Disability Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of for electromyography of the right and left lower extremities and an nerve conduction velocity study of the right and left lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for left lower Extremity/ lumbar spine: 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), Treatment Index, 11th Edition (web), 2014, Low back, EMGs (electromyography) and Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: The requested EMG/NCV is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has thoracic pain with radiation to both extremities. The treating physician has documented decreased range of motion, positive bilateral straight leg raising tests and decreased right lower extremity sensation. The treating physician has not documented left lower extremity sensory deficits, nor deficits in muscle strength or reflexes to either extremity. The criteria noted above not having been met, EMG/NCV is not medically necessary.

EMG for right lower Extremity/ lumbar spine: 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), Treatment Index, 11th Edition (web), 2014, Low back, EMGs (electromyography) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: The requested EMG/NCV is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has thoracic pain with radiation to both extremities. The treating physician has documented decreased range of motion, positive bilateral straight leg raising tests and decreased right lower extremity sensation. The treating physician

has not documented left lower extremity sensory deficits, nor deficits in muscle strength or reflexes to either extremity. The criteria noted above not having been met, EMG/NCV is not medically necessary.

NCV for left lower Extremity/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) , Treatment index, 11th Edition (web), 2014, low back EMGs (electromyography) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: The requested EMG/NCV is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has thoracic pain with radiation to both extremities. The treating physician has documented decreased range of motion, positive bilateral straight leg raising tests and decreased right lower extremity sensation. The treating physician has not documented left lower extremity sensory deficits, nor deficits in muscle strength or reflexes to either extremity. The criteria noted above not having been met, EMG/NCV is not medically necessary.

NCV for right lower Extremity/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) , Treatment index, 11th Edition (web), 2014, low back EMGs (electromyography) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Special Studies and Diagnostic and Treatment Considerations.

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extremities. The treating physician has documented decreased range of motion, positive bilateral straight leg raising tests and decreased right lower extremity sensation. The treating physician has not documented left lower extremity sensory deficits, nor deficits in muscle strength or reflexes to either extremity. The criteria noted above not having been met, EMG/NCV is not medically necessary.