

Case Number:	CM15-0006502		
Date Assigned:	01/21/2015	Date of Injury:	12/08/2011
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 injured worker (IW) is a 45 year old male, who sustained an industrial injury on December 8, 2011. He has reported low back pain with associated tingling, numbness and radiating pain to the lower extremities and was diagnosed with herniated lumbar disc with bilateral radiculopathy, right ankle sprain/strain and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, surgical procedure of the right ankle, physiotherapy treatment modalities, physical therapy, epidural injections, pain medications and work restrictions. Currently, the IW complains of low back pain with radicular pain in the lower extremities. The IW sustained an industrial injury in 2011 resulting in continued low back pain with radiculopathies of the lower extremities. On July 10, 2014, the IW continued to complain of pain in spite of the failed conservative treatments. Lumbar surgery was requested and the treatment plan was renewed. The pain continued and in October, 2014 electromyography/nerve conduction study (EMG/NCS) was ordered for baseline studies. On December 9, 2014, Utilization Review non-certified a request for EMG/NCS of the bilateral lower extremities, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested EMG/NCS of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back chapter: Nerve conduction studies

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for EMG/NCV OF BILATERAL LOWER EXTREMITIES. There is no indication provided if there were any previous EMG/NCV conducted. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter, 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 Electrodiagnostic studies EDS- states, NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. In this case, one of the treater's diagnoses is herniated lumbar disc L4-L5, L5-S1 with bilateral radiculopathy, positive per MRI. The treater requested EMG/NCV of bilateral lower extremities to establish the presence of radiculitis/ neuropathy. Per 10/14/14 progress report, the examination shows a positive straight leg raise bilaterally. There is hypoesthesia at L4, L5 and S1 dermatome level bilaterally. Given that the patient has not had these tests performed in the past and patient's clinical findings, the request IS medically necessary.