

Case Number:	CM15-0007992		
Date Assigned:	01/26/2015	Date of Injury:	08/06/2014
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 61-year-old male, with a reported date of injury of 08/06/2014. The diagnoses include neck pain, lumbosacral sprain/strain, and thoracic sprain/strain. Treatments have included physical therapy; an x-ray of the lumbosacral spine which showed multiple multi-level small marginal osteophytes, and lumbar strain with probable lumbar disc pathology; an oral anti-inflammatory medication; and topical pain medication. The progress report dated 12/08/2014 indicates that the injured worker stated that he had noticeable improvement with physical therapy. His pain level had decreased, and was more tolerable. The injured worker also stated that his pain increased if he attempted to walk faster, or he does not use his lower back support. He was taking medications. The objective findings included left-side pain in the lower back that extends to the left thigh and below the left knee, sciatic test was 1+ on the left side, and no motor weakness. The treating physician requested an electromyography/nerve conduction study (EMG/NCS) of the bilateral lower extremities. The review of records and supplemental orthopedic report dated 12/12/2014 indicates that the injured worker had low back pain, which radiated into the left lower extremity, and a positive straight leg raise test on the left. The treating physician indicated that the injured worker was several months post injury and was still symptomatic with low back pain and left lower extremity pain. On 12/11/2014, Utilization Review (UR) denied the request for an EMG/NCS of the bilateral lower extremities, noting no neurologic deficits on examination. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.