

Case Number:	CM15-0009333		
Date Assigned:	01/27/2015	Date of Injury:	11/06/2010
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/15/2015

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: Internal 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 69 year old female, who sustained an industrial injury on 11/06/2010. She has reported low back pain and lower extremity pain. The diagnoses have included lumbar radiculopathy and meralgia paresthetica. Treatment to date has included medications, physical therapy, functional rehabilitation program, and surgical intervention. Medications have included Gabapentin and Excedrin Migraine. A progress note from the treating physician, dated 12/19/2014, documented a consultation with the injured worker. The injured worker reported low back pain, and lower extremity pain with paresthesias. Objective findings included weakness at 4- to 4/5 in all proximal and distal muscles assessed in both lower extremities, the right greater than the left; and bilaterally positive Hoover sign. The treatment plan has included request for EMG/NCS of both lower extremities and follow-up evaluation. On 01/13/2015 Utilization Review modified a prescription for EMG/NCS of both lower extremities to EMG for bilateral lower extremities. The CA MTUS ACOEM Practice Guidelines, Chapter 12; and the ODG Low Back Chapter were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a prescription for EMG/NCS of both lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of both lower extremities: 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): 303-305, 308-309. Decision based on Non-MTUS Citation Pain (Chronic) Electrodiagnostic testing (EMG/NCS) American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Recommended Policy for Electrodiagnostic Medicine http://www.aanem.org/getmedia/6513fe50-8b94-4d12-b6a9-249aca7cdb92/Recommended_Policy_EDX_Medicine_062810.pdf.aspx

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG may be used to clarify nerve root dysfunction. Electromyography (EMG) may be useful to identify subtle focal neurologic dysfunction. Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) indicates that electrodiagnostic medicine (EDX) studies can provide information to identify normal and abnormal nerve, muscle, motor or sensory neuron, and neuromuscular junction functioning. MRI magnetic resonance imaging dated 08-02-2014 demonstrated mild annular bulging L2 through S1 with no focal disc protrusion or evidence for disc herniation. Endplate spurring and spondylitic changes result in mild right neural foraminal stenosis at L4-5 and L5-S1 and bilateral mild to moderate neural foraminal stenosis at L1-2. The neurology consultation report dated 12-19-2014 noted a history of right femoral fracture, right hip ORIF open reduction and internal fixation 11-08-2010, revision right hip surgery 04-11-2011, and diabetes mellitus. Physical examination demonstrated bilateral lower extremity weakness in all proximal and distal muscles. EMG/NCS of both lower extremities was requested on 01-08-2015. The request for electromyography (EMG) and nerve conduction studies (NCS) are supported by the medical records, ACOEM, ODG, and AANEM guidelines. Therefore, the request for EMG/NCS of both lower extremities is medically necessary.