

Case Number:	CM15-0105228		
Date Assigned:	06/09/2015	Date of Injury:	10/02/2013
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
 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 was a 33 year old female, who sustained an industrial injury, October 2, 2013. The injury was sustained when the injured worker was walking and tripped over a Swiffer and fell. The injured worker previously received the following treatments Neurontin, physical therapy for the thoracic spine, negative cervical neck x-rays April 2, 2015, EMG (electrodiagnostic studies) on April 3, 2015, of the bilateral lower extremities which showed abnormal EMG to the lower extremities, L4, L5 radiculopathy with slight degenerative changes seen around the L4 and L5 paraspinal EMG, there was no significant radiculopathy found on the right, random toxicology laboratory studies negative for any unexpected findings, ice therapy, Hydrocodone and Effexor. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the lumbar spine with left lower extremity radiculopathy and cervical sprain. According to progress note of March 11, 2015, the injured workers chief complaint was low back pain with radiation of pain into the left foot. The low back pain was across the mid back left greater than the right. The neck pain was rated at 5 out of 10 and the back and leg pain was rated at 6-7 out of 10. The physical exam noted full range of motion to the cervical neck. The mid back had thoracic joint pain in the paraspinal muscles. The lumbar spine had joint tenderness with complaint of left paraspinal muscle and sciatic pain with motion. The straight leg raises were negative bilaterally. There was left lower back pain with palpation without radicular pain. The left hand grip was 4 out of 5 and the left dorsal flex was decreased. The treatment plan included NCS (nerve conduction studies) of the left and right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 303, ODG, Low Back chapter, EMGs (electromyography); ODG Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the neck and low back with radiation into the left foot. The current request is for NCV Left Lower Extremity. The treating physician report dated 2/6/15 (75B) states, "Her lower back pain radiates into the left lower extremity as far as the left foot." The report goes on to state, "Left lumbar radiculopathy secondary to disc protrusions at multiple levels." ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. The ODG guidelines state, "Recommended as an option (needle, not surface). 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 patient has already been diagnosed with radiculopathy, which was further corroborated by an MRI dated 1/30/14. Furthermore, there is no evidence in the current medical reports provided, of an abnormal sensory exam, or complaints of numbness or tingling, or a request for differentiation of radiculopathy vs. a peripheral neuropathy, that would warrant an NCV of the lower extremities. The current request does not satisfy the ACOEM or ODG guidelines. The current request is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 303, ODG, Low Back chapter, EMGs (electromyography); ODG Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the neck and low back with radiation into the left foot. The current request is for NCV Right Lower Extremity. The treating physician report dated 2/6/15 (75B) states, "Her lower back pain radiates into the left lower extremity as far as the left foot." The report goes on to state, "Left lumbar radiculopathy secondary to disc protrusions at multiple levels." ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. The ODG guidelines state, "Recommended as an option (needle, not surface). 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 patient has already been diagnosed with radiculopathy, which was further corroborated by an MRI dated 1/30/14. Furthermore, there is no evidence in the current medical reports provided, of an abnormal sensory exam, or complaints of numbness or tingling, or a request for differentiation of radiculopathy vs. a peripheral neuropathy, that would warrant an NCV of the lower extremities. The current request does not satisfy the ACOEM or ODG guidelines. The current request is not medically necessary.