

Case Number:	CM15-0011777		
Date Assigned:	01/29/2015	Date of Injury:	01/31/2014
Decision Date:	03/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 63 year old male with a date of injury of 1-31-2014. he was moving a 500 pound frame when he developed low back pain radiating into the left lower extremity. An MRI scan revealed evidence of multiple disc bulges in the lumbar spine. On 5-11-2014 the injured worker had an L4-L5 microdiscectomy. Post-operatively, he continued to have back pain but the left lower extremity pain resolved. He continued, however, to have numbness and tingling into the left lateral thigh. A repeat lumbar MRI scan showed worsening disc bulges above and below the surgery site with evidence of central spinal and foraminal stenosis. The physical examination reveals tenderness of the spinous processes from L1-L5, the left lumbar paravertebral muscles,, the left gluteal muscles, and the left piriformis muscle. The straight leg raise exam was bilaterally positive. Lower extremity reflexes and sensation were normal post-operatively and the left great toe extension strength was improved. At issue is a request for EMG/NCV testing of the bilateral lower extremities to determine the origin of the potentially radicular discomfort. this was previously non-certified citing MTUS and ODG parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) 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 instance, it seems clear that the injured worker has residual radiculopathy symptoms. The question seems to be from what spinal level those symptoms originate. Therefore, EMG studies of the lower extremities would be warranted. However, because nerve conduction studies of the lower extremities are not recommended when the symptoms are believed to be on the basis of radiculopathy, EMG/NCV of bilateral lower extremities is not medically necessary per the cited guidelines.