

Case Number:	CM15-0013302		
Date Assigned:	01/30/2015	Date of Injury:	08/02/2013
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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 is a 27 year old male, who sustained an industrial injury on 08/02/2013. The diagnoses have included lumbar disc herniation of 5mm and right lower extremity radiculopathy. Treatments to date have included physical therapy, epidural steroid injections, and medications. Diagnostics to date have included lumbar spine MRI on 02/04/2014 which showed large 5mm right paracentral/subarticular L5-S1 disc extrusion, effacement of the left L4-5 subarticular recess, mild bilateral L3-4 and L4-5 neural foraminal narrowing, and posterior annular fissures at L3-4 and L4-5. In a progress note dated 12/08/2014, the injured worker presented with complaints of constant low back pain that radiates into the right leg down to the foot. The treating physician reported the need for electromyography/nerve conduction studies of both lower extremities to evaluate for lumbar radiculopathy versus peripheral process. Utilization Review determination on 12/30/2014 non-certified the request for Electromyography/Nerve Conduction Velocity Studies of the Bilateral Lower Extremities due to Lumbar Radiculopathy citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - EMGs/NCS.

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

Decision rationale: This patient presents with chronic low back pain that radiates into the right foot with tingling in the toes. The current request is for EMG/NCV OF THE BILATERAL LOWER EXTREMITIES. The Utilization review denied the request stating that the patient has radiating pain with a positive straight leg raise and NCV testings are not recommended. The patient is presumed to have radiculopathy. The patient's previous treatments include lumbar epidural injections, physical therapy and medications. MRI of the lumbar spine from 3/28/14 revealed 5mm right paracentral/subarticular L5-S1 disc extrusion extending, effacement of the left L4-5 subarticular recess, mild bilateral L3-L5 neural foraminal narrowing and posterior annular fissures at L3-L5. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, 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. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG 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." There is no indication that prior EMG/NCV testing has been provided. In this case, given the patient's continued complaints of pain and radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV IS medically necessary.