

Case Number:	CM15-0132682		
Date Assigned:	07/20/2015	Date of Injury:	10/14/2013
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This 53-year-old male sustained an industrial injury to the low back on 10/14/13. Magnetic resonance imaging lumbar spine (1/7/14) showed severe spinal stenosis at L4-5. Previous treatment included physical therapy, epidural steroid injections and medications. In a progress note dated 12/31/14, the injured worker complained of left low back pain with radiation to the buttocks associated with back and leg weakness. The injured worker rated his pain 8/10 on the visual analog scale. The treatment plan included lumbar epidural steroid injections and electromyography/nerve conduction velocity test of bilateral lower extremities. In an initial spine surgery evaluation dated 6/9/15, the injured worker complained of back pain with radiation to the left buttock, thigh, calf and heel associated with numbness. The injured worker rated his pain 8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the left sciatic notch, lumbar spine restricted range of motion, intact sensation to light touch and pinprick in all dermatomes of bilateral lower extremities with 5/5 lower extremity motor strength, intact deep tendon reflexes and hypoesthesia along the left L4-5 distribution. Current diagnoses included lumbago. The physician stated that the injured worker was a candidate for surgery but needed further workup first. The treatment plan included electromyography.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies (EDS).

Decision rationale: The patient presents with back pain with radiation to the left buttock, thigh, calf, and heel associated with numbness. The current request is for EMG/NCV of the spine. The treating physician states, in a report dated 06/09/15, "ASSESSMENT/DIAGNOSIS: Spinal stenosis. Using layman's term, I explained to him that he has a pinched nerve. He has exhausted and failed conservative treatment. He is a candidate for surgery. He needs further workup, namely electromyographic study." (70B) For EMG of the lower extremities, the ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines under its low back chapter has the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." ODG guidelines under its low back chapter have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" In this case, the treating physician notes "MRI report of the lumbar spine done on 01/07/14 shows that there is severe spinal stenosis at L4-L5" and "Films of the lumbar spine done on 11/14/10 shows degenerative change." Furthermore, it appears that there has been no prior EMG/NCV testing and given the patient's continued complaints of pain further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Additionally, review of the medical file does not indicate that the patient has had an NCV in the past and there is no presumption of radiculopathy. The treating physician has documented physical examination findings that may be indicative of radiculopathy and ODG states that the usage of electro diagnostic studies should be medically indicated which has been established. The current request is medically necessary.