

Case Number:	CM15-0134114		
Date Assigned:	07/22/2015	Date of Injury:	08/23/2013
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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 38 year-old male who sustained an industrial injury on 08/23/13. He reported low back pain after lifting. The injured worker's MRI showed a 3 mm broad-based disc bulge with disc desiccation at L5-S1 with mild bilateral foraminal stenosis, and 1 mm disc bulge at L4-5 with some foraminal narrowing. There is a subsequent diagnosis of left plantar fasciitis. Diagnostic testing and treatment to date has included MRI, foot surgery, epidural injection, bilateral facet injection, and pain medication management. Currently, the injured worker complains of pain along the belt line, slightly greater on the left with left leg pain and numbness down to the lateral aspect of the left foot into the small toes. He can only walk about 100 yards, then pain increases with left buttock pain. Physical examination is remarkable for slight flattening of the lumbar lordotic curve with tenderness at the paraspinal muscles over the facets of L5 and right SI joint. There is tenderness over the left sciatic notch and range of motion of the back has minimal limitation; prolonged extension produces pain down into the buttocks. He has slight hypesthesia to light touch over the left lateral toes. Straight leg raises are positive. Diagnoses include herniated disc L5-S1 and probable L4-5 on the left with radiculopathy, and history of plantar fascial release on the left foot. Current plan of care is EMG/NCV to see the extent of radiculopathy and possible presence of neuropathy. Specific treatment will be recommended after appropriate tests. Requested treatments include EMG/NCV bilateral lower extremities. The injured worker is under temporary total disability. Date of Utilization Review: 06/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back-Lumbar & Thoracic (Acute & Chronic)' Chapter under 'EMGs (electromyography)'.

Decision rationale: The patient presents with pain in the low back with pain into left lower extremity. The request is for EMG/NCV BILATERAL LOWER EXTREMITY. The request for authorization is dated 05/28/15. MRI of the lumbar spine, 05/19/15, shows at L5-S1, facet hypertrophic changes are identified bilaterally. In addition, there is a 3-4 mm disc protrusion which is seen to extend into both neural foraminal exit zones. Physical examination of the lumbar spine reveals some tenderness at the paraspinal muscles over the facets of L5 and slight tenderness in the right SI joint. There is definite tenderness over the left sciatic notch. The range of motion of the back has minimal limitation and he has a positive facet test on the left. Neurological testing shows there is slight hypesthesia to light touch over the left lateral toes. Straight leg raising in the supine position causes some hamstring and left lateral leg pain at 70 degrees on the left, 80 degrees on the right causes some low back pain. There is no cross straight leg raise sign and the sciatic stretch test on the left at 70 degrees causes some pain into the foot. Patient has had an epidural injection and bilateral facet injection. Patient's medications include Gabapentin, Lisinopril, Metaxalone and Tramadol. Per progress report dated 05/28/15, the patient to remain off work. ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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." ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (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." Per progress report dated 04/30/15, treater's reason for the request is "to see the extent of radiculopathy and possible presence of neuropathy." In this case, the patient continues with low back pain radiating to lower extremities. Given the patient's lower extremity symptoms, physical examination, and MRI findings, EMG/NCV studies would appear reasonable. Review of provided medical records show no evidence that this patient has had a prior bilateral lower extremities EMG/NCV studies done. Therefore, the request is medically necessary.