

Case Number:	CM15-0143399		
Date Assigned:	08/04/2015	Date of Injury:	12/12/2014
Decision Date:	09/15/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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, Pain Management

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 49 year old female, who sustained an industrial injury on December 12, 2014. She reported low back pain that radiated up to her neck. Treatment to date has included MRI, injection, medication, physical therapy, TENS unit and home exercise program. Currently, the injured worker complains of severe, constant (90%-100% of the time) low back pain that occasionally travels down her right leg and is described as aching, electrical and piercing, and is rated at 8 on 10. The pain is exacerbated by bending, sitting, and lying down. The injured worker is diagnosed with lumbar radiculopathy, cervical strain and lumbosacral strain. Her work status is modified duty. A note dated June 23, 2015, states physical therapy, TENS unit and a home exercise program did not offer pain relief to the injured worker. The note also states the injured worker is experiencing difficulty with activities of daily living and decreased function due to the pain. The following electrodiagnostic studies, EMG of both lower extremities and NCV of both lower extremities is requested for further evidence of radiculopathy. A progress report dated June 23, 2015 indicates that the patient has decreased sensation in the right leg down to her toes. An MRI of the patient's lumbar spine performed on March 13, 2015 identifies moderate foraminal narrowing at L5/S1 with contact of the exiting L5 rootlet on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it does appear that the patient has some sensory deficits affecting the right lower extremity. It is unclear what dermatomal distribution the sensory deficits are in. Additionally, there are no neurologic findings affecting the left lower extremity. Furthermore, there is no statement indicating what medical decision-making will be based upon the outcome of the requested diagnostic study. In the absence of clarity regarding those issues, the currently requested EMG of the left lower extremity is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for NCV of the right slower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it does appear that the patient has some sensory

deficits affecting the right lower extremity. It is unclear what dermatomal distribution the sensory deficits are in. Additionally, there are no neurologic findings affecting the left lower extremity. Furthermore, there is no statement indicating what medical decision-making will be based upon the outcome of the requested diagnostic study. In the absence of clarity regarding those issues, the currently requested NCV of the right lower extremity is not medically necessary.

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Decision rationale: Regarding the request for NCV of the left lower extremity, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients

who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it does appear that the patient has some sensory deficits affecting the right lower extremity. It is unclear what dermatomal distribution the sensory deficits are in. Additionally, there are no neurologic findings affecting the left lower extremity. Furthermore, there is no statement indicating what medical decision-making will be based upon the outcome of the requested diagnostic study. In the absence of clarity regarding those issues, the currently requested NCV of the left lower extremity is not medically necessary.