

Case Number:	CM15-0148715		
Date Assigned:	08/12/2015	Date of Injury:	06/24/2014
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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 53-year-old female who sustained an industrial injury on 6-24-14. She had complaints of left knee and back pain. She was diagnosed with lumbar sprain and strain and left knee sprain and strain. Diagnostic testing includes x-ray, functional capacity exam and neurodiagnostic studies. Treatments include medication, physical therapy, lumbar support, knee support, chiropractic, acupuncture, TENS unit and localizing intense neuro-stimulation therapy. Progress report dated 6-5-15 reports continued complaints of worsening, constant, severe, sharp, low back pain, rated 10 out of 10. The pain is aggravated by movement and prolonged standing and walking and relieved with medications. She also has complaints of left knee pain described as frequent, severe, achy, burning with numbness and tingling associated with movement and prolonged kneeling. The pain is rated 8 out of 10. Diagnoses included lumbar disc protrusion, lumbar musculoligamentous injury, lumbar sprain and strain, left knee derangement and left knee sprain and strain. Plan of care includes: prescription for compound cream, refer to NCV EMG diagnostic testing for lumbar spine, refer to orthopedic surgeon for left knee, refer to pain management for lumbar spine, refer to urine analysis testing, acupuncture, chiropractic and physio therapy. Work status: released for full work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) and Nerve conduction velocity (NCV) of the lumbar spine:

Upheld

Claims Administrator 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 - Nerve conduction studies (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 (ODG) 'Low Back - Lumbar & Thoracic (Acute & Chronic)' Chapter under 'EMGs (electromyography)'.

Decision rationale: The 53-year-old patient complains of lower back pain, rated at 10/10, and left knee pain, rated at 8/10, as per progress report dated 06/05/15. The request is for ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION VELOCITY (NCV) OF THE LUMBAR SPINE. The RFA for the case is dated 04/24/15, and the patient's date of injury is 06/24/14. Diagnoses, as per progress report dated 06/05/15, included lumbar disc protrusion, lumbar musculoligamentous injury, lumbar sprain/strain, left knee internal derangement, and left knee sprain/strain. The patient is relying on compounded topical creams for pain relief along with acupuncture, chiropractic care, and physiotherapy. MRI of the lumbar spine, dated 03/13/15, revealed grade I retrolisthesis on L3 on L4, disc desiccation from L2-3 to L5-S1, end plate degenerative changes at L5-S1, and disc herniation from L1-2 to L4-5. MRI of the left knee, dated 03/13/15, revealed internal degeneration of anterior and posterior horn of the medial meniscus, and knee joint effusion. The patient is working full duty without any limitations, as per progress report dated 06/05/15. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)' states the following: 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." ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. In this case, there is no documentation of prior EMG/NCV of the lumbar spine. A request for electro diagnostic studies is first noted in progress report dated 09/05/14. The treater states that the tests will help "rule out radiculopathy vs peripheral neuropathy." The request is also noted in recent progress reports dated 04/24/15 and 06/05/15. The patient suffers from lower back pain and left knee pain. As per progress report dated 03/03/15, the lower back pain is localized and there is no radicular component. ACOEM supports EMG for low back pain. However, NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. Hence, the request for EMG/NCV appears irrelevant and IS NOT medically necessary.