Case Number:	CM15-0166813		
Date Assigned:	09/04/2015	**Date of Injury:**	03/29/2012
Decision Date:	10/22/2015	**UR Denial Date:**	08/17/2015
Priority:	Standard	**Application Received:**	08/25/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 56 year old female, who sustained an industrial injury on 3-29-2012. She reported low back pain while lifting a drum of detergent. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, with moderate to severe degenerative changes, with central and foraminal and lateral recess stenosis, right greater than left at the L4-S1 levels, bilateral L4 and L5 radiculopathy, right greater than left, left shoulder myoligamentous injury, and medication induced gastritis. Treatment to date has included diagnostics, physical therapy, acupuncture, epidural injections, and medications. Neurodiagnostic studies of the lower extremities (3-25-2014) were documented as showing bilateral L4 and L5 radiculopathy, right greater than left. Currently, the injured worker complains of continued low back pain and bilateral leg pain, right worse than left. Magnetic resonance imaging findings were discussed. Her pain was rated 7 out of 10 and her medication regimen enabled her to function on a daily basis. Medications included Norco, Anaprox, Prilosec, Flexeril, Ambien, Lidoderm, and medicinal marijuana. Exam of the lumbar spine noted positive straight leg raise bilaterally at 60 degrees, right greater than left. Strength was 4 of 5 in the right L5 distribution and sensation was decreased in about the L5-S1 distribution. The treatment plan included updated electromyogram and nerve conduction studies of the bilateral lower extremities, to further evaluate and assess her condition.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back (Acute & Chronic) Electromography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with Lumbar spine degenerative disc disease and multi-level disc herniation. Previous neurodiagnostic studies of the lower extremities revealed bilateral L4 and L5 radiculopathy. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicted. With Radiculopathy already present and clinically obvious, the request for EMG left lower extremity is not medically necessary by MTUS.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (Acute & Chronic) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with Lumbar spine degenerative disc disease and multi-level disc herniation. Previous neurodiagnostic studies of the lower extremities revealed bilateral L4 and L5 radiculopathy. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicted. With Radiculopathy already present and clinically obvious, the request for NCV right lower extremity is not medically necessary by MTUS.

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MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with Lumbar spine degenerative disc disease and multi-level disc herniation. Previous neurodiagnostic studies of the lower extremities revealed bilateral L4 and L5 radiculopathy. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicted. With Radiculopathy already present and clinically obvious, the request for NCV left lower extremity is not medically necessary by MTUS.

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Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with Lumbar spine degenerative disc disease and multi-level disc herniation. Previous neurodiagnostic studies of the lower extremities revealed bilateral L4 and L5 radiculopathy. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicted. With Radiculopathy already present and clinically obvious, the request for EMG right lower extremity is not medically necessary by MTUS.