

Case Number:	CM15-0180827		
Date Assigned:	09/22/2015	Date of Injury:	12/16/2011
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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:

This 65 year old male sustained an industrial injury on 12-16-11. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar spondylosis and left lower extremity radiculopathy. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. Magnetic resonance imaging lumbar spine (6-19-15) showed multilevel degenerative changes with disc bulge, disc protrusion and facet hypertrophy. In a neurosurgery evaluation dated 3-25-13, the physician stated that electrodiagnostic testing of the lower extremities had been negative. In a PR-2 dated 4-14-15, the injured worker "continued to have the same pain" in the low back with radiation to the left foot associated with numbness and tingling, rated 9 out of 10 on the visual analog scale. Physical exam was remarkable for a slightly improved gait with less guarding, continued guarding with lumbar spine range of motion, flexion at 30 to 40 degrees, extension 10 degrees, positive left straight leg raise, decreased sensation in the left L5-S1 distribution and 5 out of -5 left ankle dorsiflexion and knee extension. In a PR-2 dated 8-18-15, the injured worker complained of low back pain with "continued" shooting pain down the legs associated with numbness and tingling. The injured worker stated that he was trying to walk but walking was becoming intolerable due to pain. The injured worker rated his pain 9 out of 10 without medications and 3 to 4 out of 10 with medications. The injured worker had seen an orthopedic surgeon with recommendation for two-level L4-5 and l5-S1 discectomy and fusion. Physical exam was remarkable for normal gait, lumbar flexion 20 to 30 degrees, extension 10 degrees, positive left straight leg raise, decreased sensation in the left leg and 5 out of -5 left ankle

dorsiflexion and knee extension. The treatment plan included requesting authorization for repeat electromyography and nerve conduction velocity test bilateral lower extremities, continuing current medications and continuing home exercise. On 8-31-15, Utilization Review modified a request for electromyography and nerve conduction velocity test of the left lower extremity to electromyography testing only.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm; ACOEM Practice Guidelines revision pages 62-63.

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 chapter under EMGs (electromyography) Low Back chapter under Nerve conduction studies (NCS).

Decision rationale: The patient presents on 08/18/15 with lower back pain rated 3-8/10 which radiates into the bilateral lower extremities. The patient's date of injury is 12/16/11. The request is for EMG/NCS of the left extremity. The RFA was not provided. Physical examination dated 08/18/15 reveals significant guarding in the lumbar spine, positive straight leg raise test on the left, decreased patellar reflexes bilaterally, and decreased sensation in the left lower extremity. The patient is currently prescribed Ultracet, Norco, Flexeril, Neurontin, Celebrex, and Prilosec. Patient's current work status is not provided. ODG, Low Back chapter under EMGs (electromyography) ODG states, Recommended as an option needle, not surface. EMGs 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, Low Back chapter under Nerve conduction studies (NCS) states, Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states: NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. In regard to the repeat electrodiagnostic studies of the lower extremities, this patient does not meet guideline criteria. Per progress note 06/16/15, the provider states that this patient has not had an EMG in two years and is requesting a repeat. The treating physician in this case has documented that the patient has persistent lower back pain which radiates into the left lower extremity with some evidence of neurological compromise on physical exam. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. Unfortunately, guidelines only support NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. In this case, the provider does not suspect any peripheral neuropathy, and as a result NCV testing cannot be substantiated. Therefore, the request as written is not medically necessary.