

Case Number:	CM15-0181939		
Date Assigned:	09/23/2015	Date of Injury:	10/31/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, 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 30 year old female, who sustained an industrial injury on 10-31-2014. The injured worker is being treated for history of posterior-cervical lumbar fusion for idiopathic scoliosis, left L3-4 and bilateral L4-5 facet disease and right hip pain. Treatment to date has included medications, consultations, chiropractic, sacroiliac injections, physical therapy, nerve block and diagnostics including magnetic resonance imaging (MRI). Per the Progress Report dated 8-07-2015, the injured worker presented for an initial orthopedic evaluation. She reported right low back pain. There is radiating pain from the right groin down the leg to the foot. There is weakness in the right leg with compensation on the right side causing left low back pain after sitting and left heel when standing. Objective findings included pain to palpation in the right low back area, pain with extension and rotation of the lumbar spine, and pain with internal rotation of the right hip. She is distally neurologically and vascular intact. MRI of the lumbar spine dated 7-03-2015 is documented as "minimal anterolisthesis at L4-5 with facet arthropathy. I don't see any evidence of disc herniations." And computed tomography (CT) scan of the lumbar spine dated 7-10-2015 was read as "successful fusion on the right side all the way down to L4 and on the left side down to L3. There is facet disease seen on the left at L3-4 and bilaterally at L4-5, worse on the right side." Work status was temporary total disability. The plan of care included, and authorization was requested on 8-12-2015 for EMG (electromyography) and NCV (nerve conduction studies) for the back and bilateral lower extremities. On 8-19-2015, Utilization modified the request for EMG and NCV for the back and bilateral lower extremities citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity for the back and bilateral lower extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG.

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 section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, EMG/NCV studies for the back and bilateral lower extremities are not medically necessary. Nerve conduction 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are history of posterior cervical lumbar fusion for idiopathic scoliosis; left L3 - L4 and bilateral L4 - L5 facet disease; and right pain. The date of injury is October 31, 2014. Request for authorization is August 12, 2015. According to an August 7, 2015 progress note, subjective complaints include low back pain and upper back pain, right hip and tailbone pain. The pain radiates to the right buttock and lower extremity. Objectively, there is tenderness to palpation lumbar paraspinal muscles. There is pain with internal rotation of the hip. The neurologic evaluation is unremarkable. There is no objective evidence of radiculopathy involving the right or left lower extremity. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, symptoms referable to the right lower extremity only and no objective neurologic findings involving the right or left lower extremity, EMG/NCV studies for the back and bilateral lower extremities are not medically necessary.