

Case Number:	CM15-0188643		
Date Assigned:	09/30/2015	Date of Injury:	01/26/2015
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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 47 year old male, who sustained an industrial injury on 1-26-2015. The injured worker was diagnosed as having right lumbar spine radiculitis and right L4-5 stenosis. Treatment to date has included diagnostics, physical therapy, chiropractic, modified work duty, and medications. Currently (8-31-2015), the injured worker complains of lumbar spine pain, rated 7-8 out of 10 (6 to 7+ on 7-13-2015), described as a "constant ache" and severity "intermittent". He also reported pain in his right buttock, going down posteriorly to his right thigh with driving greater than 10 minutes. He denied numbness and tingling and has increased low back pain with bending. He recently completed 12 chiropractic sessions and "it helped briefly". Functional change since last exam was documented as slower than expected and walking tolerance was one half mile, with sitting tolerance 15-30 minutes (unchanged). Medication use included Naprosyn and Flexeril to decrease low back pain and spasm. Physical exam noted difficulty with rising from sitting, antalgic gait, and movement about protectively and with stiffness. Tenderness and spasm was noted in the bilateral lumbosacral spine. Motor testing was 5 of 5 in the bilateral lower extremities and sensory findings section of assessment was left blank. Straight leg raise test was positive on the left. His work status was "return to full duty on 6wks". A Qualified Medical Examination (4-21-2015) noted complaints of constant pain in his mid and low back with pain radiation down the right leg to the right ankle, at which time motor exam noted "no gross weakness" and sensory exam "did not reveal any areas of hypesthesia", and maximal medical improvement was noted. Magnetic resonance imaging of the lumbar spine (12-2014) was referenced although report was not submitted. The treatment plan

included electromyogram and nerve conduction studies of the bilateral lower extremities and lumbar spine to rule out radiculopathy, non-certified by Utilization Review on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Of The Bilateral Lower Extremities And Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under EMGs (electromyography).

Decision rationale: The patient presents with low back pain radiating to the right buttock and the right thigh. The request is for EMG/NCV of the bilateral lower extremities and lumbar spine. Physical examination to the lumbar spine on 08/31/15 revealed tenderness to palpation with spasm. Range of motion was decreased with pain. Straight leg raising test was positive on the left. Per 06/01/15 progress report, patient's diagnosis include right lumbar spine radiculitis, right L4-L5 stenosis on MRI secondary to facet osteoarthritis; contributing factor: hypertension. Per 08/31/15 progress report, patient is to return to full duties in 6 weeks. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 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, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 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." In progress report dated 08/31/15, treater is requesting EMG/NCV of the bilateral lower extremities to rule out radiculopathy. The patient suffers from low back pain radiating into the right lower extremity and is diagnosed with right lumbar spine radiculitis, right L4-L5 stenosis on MRI secondary to facet osteoarthritis. Given the patient's continuing radiating symptoms in the right lower extremity, the request may be appropriate. However, ODG does not support NCV studies when the leg symptoms are presumed to be coming from the spine. The treater does not raise any concerns for other issues such as plexopathies or peripheral neuropathies. Therefore, the request is not medically necessary.