Case Number:	CM15-0189402		
Date Assigned:	10/01/2015	**Date of Injury:**	11/30/2013
Decision Date:	12/08/2015	**UR Denial Date:**	09/15/2015
Priority:	Standard	**Application Received:**	09/25/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 45 year old male with an industrial injury dated 11-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for acute flare-up, worse on the lumbar spine with radiculopathy. In a qualified medical evaluation report dated 06-17-2015, the injured worker reported lower back pain. The injured worker rated pain 8 on a scale of 10. The injured worker described radiation of pain down to bilateral buttocks and bilateral legs, to the thighs intermittently. Physical exam (06-17-2015) revealed tenderness along the lower lumbar spine and paraspinal musculatures, mild spasm, and positive straight leg raises. According to the progress note dated 07-13-2015, the injured presented with a flare-up appearing acute. Objective findings (07-13-2015) revealed slow gait, difficulty with standing on tops and heels, limping, problem with leg, decreased range of motion, worse on the cervical spine and lumbar spine. Treatment has included prescribed medications and periodic follow up visits. There was no radiographic imaging included for review. The treating physician prescribed services for electromyography (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities. The utilization review dated 09-15-2015, non-certified the request for electromyography (EMG) and nerve conduction studies (NCS) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case there is no documentation of sensory or motor deficits in the lower extremities. Imaging of the lumbar spine does not show any nerve root compromise. There is no indication for EMG of the left lower extremity. The request is not medically necessary.

Nerve Conduction Studies (NCS) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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-Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: 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. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case there is no documentation of sensory or motor deficits in the lower extremities. Imaging of the lumbar spine does not show any nerve root compromise. There is no indication for nerve conduction studies of the left lower extremity. The request is not medically necessary.

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography

(EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. In this case there is no documentation of sensory or motor deficits in the lower extremities. Imaging of the lumbar spine does not show any nerve root compromise. There is no indication for EMG of the right lower extremity. The request is not medically necessary.

Nerve Conduction Studies (NCS) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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-Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: 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. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case there is no documentation of sensory or motor deficits in the lower extremities. Imaging of the lumbar spine does not show any nerve root compromise. There is no indication for nerve conduction studies of the right lower extremity. The request is not medically necessary.