

Case Number:	CM15-0190914		
Date Assigned:	10/05/2015	Date of Injury:	03/03/2010
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old, female who sustained a work related injury on 3-3-10. A review of the medical records shows she is being treated for neck, both shoulders, both elbows, both wrists and hands lower back, both ankles and feet and both knees pain. Treatments have included physical therapy and acupuncture (both "reduced symptoms temporarily") and TENS unit therapy ("reduced symptoms temporarily"). In the progress notes, the injured worker reports constant, sharp and moderate lumbar spine pain. She reports numbness over the lumbar spine. On physical exam dated 8-20-15, she has +3 spasm and tenderness to bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test and Yeoman's tests are positive. Straight leg raise is positive with right leg. She is not working. The treatment plan includes a request for an MRI of the lumbar spine and EMG-NCV studies of the lower extremities. The Request for Authorization dated 8-20-15 has a request for an MRI of the lumbar spine. In the Utilization Review dated 9-11-15, the requested treatments of EMG-NCV of the lower extremities are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of 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).

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. 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. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. A note dated May 5, 2015 states that the patient has normal lower extremity neurologic exam, and no evidence of calf atrophy, etc. Exam on 8/20/15 revealed positive straight leg exam on the right and decreased right Achilles reflex. Physical exam was not consistently supportive of radicular symptoms in bilateral lower extremities, and there was no evidence of dermatomal sensory deficits bilaterally; the patient has been diagnosed with myelopathy. MRI has also been requested. In this case there is no provided indication of neurologic dysfunction that is evidential of need for electrodiagnostics in the bilateral lower extremities, and therefore, per the guidelines, the requests for EMG/NCV are not medically necessary.

NCV of 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).

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. 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. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. A note dated May 5, 2015 states that the patient has normal lower extremity neurologic exam, and no evidence of calf atrophy, etc. Exam on 8/20/15 revealed positive straight leg exam on the right and decreased right Achilles reflex. Physical exam was not consistently supportive of radicular symptoms in bilateral lower extremities, and there was no evidence of dermatomal sensory deficits bilaterally; the patient has been diagnosed with myelopathy. MRI has also been requested. In this case there is no provided indication of neurologic dysfunction that is evidential of need for electrodiagnostics

in the bilateral lower extremities, and therefore, per the guidelines, the requests for EMG/NCV are not medically necessary.

NCV of 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).

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. 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. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. A note dated May 5, 2015 states that the patient has normal lower extremity neurologic exam, and no evidence of calf atrophy, etc. Exam on 8/20/15 revealed positive straight leg exam on the right and decreased right Achilles reflex. Physical exam was not consistently supportive of radicular symptoms in bilateral lower extremities, and there was no evidence of dermatomal sensory deficits bilaterally; the patient has been diagnosed with myelopathy. MRI has also been requested. In this case there is no provided indication of neurologic dysfunction that is evidential of need for electrodiagnostics in the bilateral lower extremities, and therefore, per the guidelines, the requests for EMG/NCV are not medically necessary.

EMG of 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).

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. 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. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. A note dated May 5, 2015 states that the patient has normal lower extremity neurologic exam, and no evidence of calf atrophy, etc. Exam on 8/20/15 revealed positive straight leg exam on the right and decreased right

Achilles reflex. Physical exam was not consistently supportive of radicular symptoms in bilateral lower extremities, and there was no evidence of dermatomal sensory deficits bilaterally; the patient has been diagnosed with myelopathy. MRI has also been requested. In this case there is no provided indication of neurologic dysfunction that is evidential of need for electrodiagnostics in the bilateral lower extremities, and therefore, per the guidelines, the requests for EMG/NCV are not medically necessary.