

Case Number:	CM15-0193229		
Date Assigned:	10/06/2015	Date of Injury:	01/23/2014
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 50 year old male, who sustained an industrial injury on 1-23-2014. Medical records indicate the worker is undergoing treatment for lumbar musculoligamentous injury, lumbar muscle spasm, rule out lumbar radiculitis and lumbar disc protrusion, left lower extremity pain and numbness after hernia surgery secondary to epidural catheter placement, anxiety and depression. A recent progress report dated 8-18-2015, reported the injured worker complained of low back pain with stiffness and radiating to the left lower extremity with tingling. Physical examination revealed painful range of motion and 3+ tenderness to palpation of the lumbar paravertebral muscles and bilateral sacroiliac joints. Treatment to date has included physical therapy and medication management. The physician is requesting for bilateral lower extremities electromyography (EMG) and nerve conduction study (NCS). On 9-17-2015, the Utilization Review noncertified the request for bilateral lower extremities electromyography (EMG) and nerve conduction study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines & Lumbar & Thoracic (Acute & Chronic), EMG (electromyography); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Up to date topic 5145 and version 8.0.

Decision rationale: Electromyography or EMG is the study of electrical activity of muscle fibers individually and collectively. It is recorded by surface or needle electrodes, which measure electrical potential difference between 2 sites. It is noninvasive and well tolerated and complications are rare; it is best utilized as an extension of the clinical evaluation. While typical neuropathic and myelopathic patterns of EMG abnormalities are recognized, no single abnormality is pathognomonic of a single disease entity, although exceptions do occur. The MTUS states that EMG may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain more than 3 to 4 weeks. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that NCS or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Also, EMG should be considered if cervical radiculopathy is suspected as a cause of lateral arm pain on the basis of physical exam and symptoms have been present for at least 6 weeks, denervation atrophy is likely, and conservative treatment has not been effective. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. Our patient has symptoms of left lower extremity radiculopathy, which could be secondary to a lumbar disc, or other lumbar pathology and this study could be helpful in providing diagnostic data and possibly confirming disc or other pathology. The patient should be afforded this study and it is approved. The UR decision is overturned and the request is medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar & Thoracic (Acute & Chronic), EMG (electromyography); Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Up to date topic 5145 and topic 8.0.

Decision rationale: Electromyography or EMG is the study of electrical activity of muscle fibers individually and collectively. It is recorded by surface or needle electrodes, which measure electrical potential difference between 2 sites. It is noninvasive and well tolerated and complications are rare; it is best utilized as an extension of the clinical evaluation. While typical neuropathic and myelopathic patterns of EMG abnormalities are recognized, no single abnormality is pathognomonic of a single disease entity, although exceptions do occur. The MTUS

states that EMG may be helpful in identifying subtle , focal neurological dysfunction in patients with lumbar pain more than 3 to 4 weeks. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that NCS or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Also, EMG should be considered if cervical radiculopathy is suspected as a cause of lateral arm pain on the basis of physical exam and symptoms have been present for at least 6 weeks, denervation atrophy is likely, and conservative treatment has not been effective. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. The patient has symptoms of radiculopathy in his left lower extremity and the EMG should help clarify symptoms. It is always helpful to compare the normal extremity to the extremity that is suspected of pathology. Doing the right lower extremity should enhance the interpretation of the left side and should be afforded the patient. The UR decision is overturned; the request is medically necessary.

NCV of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar & Thoracic (Acute & Chronic), EMG (electromyography); Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5142 and version 6.0.

Decision rationale: Nerve conduction studies, or NCS studies, are noninvasive and done employing surface electrodes. The major risk involves possible electrical injury from leakage of current .It is invaluable in defining peripheral nervous system function dysfunction and disease; both focally and generally as in entrapment neuropathies and as in polyneuropathies. They are useful in addressing the degree of axonal damage versus demyelination. Because they evaluate myelinated fibers, conduction studies are often normal in polyneuropathies with predominant small fiber involvement. Nerve conduction velocity, NCV, and EMG or electromyography should be done at the same time in most test situations. This is particularly important in patients with suspected radiculopathy, plexopathy, myopathy, motor neuropathy, or motor neuron disease.NCS studies of the left lower extremity will complement the EMG in the diagnosis of the patients pathology and the two studies should be done together. This study should help to confirm a possible peripheral etiology of the pain syndrome and is useful in the patient's treatment. It should be afforded the patient and the UR decision is overturned; the request is medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar & Thoracic (Acute & Chronic), EMG (electromyography); Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 5142 and version 6.0.

Decision rationale: Nerve conduction studies, or NCS studies, are noninvasive and done employing surface electrodes. The major risk involves possible electrical injury from leakage of current. It is invaluable in defining peripheral nervous system function dysfunction and disease; both focally and generally as in entrapment neuropathies and as in polyneuropathies. They are useful in addressing the degree of axonal damage versus demyelination. Because they evaluate myelinated fibers, conduction studies are often normal in polyneuropathies with predominant small fiber involvement. Nerve conduction velocity, NCV, and EMG or electromyography should be done at the same time in most test situations. This is particularly important in patients with suspected radiculopathy, plexopathy, myopathy, motor neuropathy, or motor neuron disease. It has been decided that study of the left side is beneficial to the patient. Therefore, study of the right side would increase our information in that the normal side can be compared to the one suspected of harboring the pathology. Therefore, the UR decision is overturned and the patient should be afforded this test. The request is medically necessary.