

Case Number:	CM15-0194047		
Date Assigned:	10/07/2015	Date of Injury:	06/10/2015
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii

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 40 year old male, who sustained an industrial-work injury on 6-10-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis, lumbar Herniated Nucleus Pulposus (HNP) and lumbar radiculitis. Medical records dated (7-27-15 to 8-18-15) indicate that the injured worker complains of low back pain that has increased in the past 4 months with radiation of pain into the bilateral lower extremities (BLE). The associated symptoms reported were numbness and tingling in the bilateral lower extremities (BLE). The medical records also indicate that he has impairment in his activities of daily living (ADL). Per the treating physician report dated 8-18-15, the injured worker has not returned to work. The physical exam dated 8-18-15 reveals decreased lumbar range of motion with flexion and extension due to pain and spasms on the right side. The injured worker limps secondary to standing and avoiding full weight bearing on the right lower extremity (RLE). There is tenderness noted and positive prone press up test with increased low back pain. Treatment to date has included pain medication including Meloxicam, diagnostics, and physical therapy 3 sessions and stopped because it was not helping. The EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 8-25-15 to the right lower extremity (RLE) that reveals no evidence of entrapment neuropathy seen in the right lower extremity (RLE) and no indication of acute lumbar radiculopathy were seen. The requested service included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral lower extremity. The original Utilization review dated 9-4-15 non-certified the request for electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral lower extremity as not medically necessary.

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 extremity: Upheld

Claims Administrator 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- Lumbar & Thoracic (Acute & Chronic) Chapter: EMGs (electromyography), NCS (nerve conduction studies).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, EMGs (electromyography); ODG, Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the low back with radiation down the right leg and lower extremity. The current request is for EMG/NCV of the bilateral lower extremity. The treating physician report dated 8/18/15 (27B) states, "Patient is having severe back and predominantly right-sided radicular pain. This does not match up the MRI report, which states a predominately left-sided disc herniation at L5/S1. Although the report also stated some mild foraminal stenosis at L4/5 which could explain possibly right or left leg symptoms." ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. The ODG guidelines state, "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." In this case, the patient has already been diagnosed with lumbar radiculopathy. Furthermore, there is no evidence in the documents provided, of an abnormal sensory exam, complaints of numbness or tingling in the bilateral lower extremities, or a request for differentiation of radiculopathy vs. a peripheral neuropathy, that would warrant an NCV of the lower extremities. The current request does not satisfy the ACOEM or ODG guidelines. The current request is not medically necessary.