

Case Number:	CM15-0195257		
Date Assigned:	10/09/2015	Date of Injury:	06/08/2000
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 45-year-old female who sustained an industrial injury on 6-8-2000. Diagnoses have included thoracic-lumbar neuritis or radiculopathy, reflex sympathetic dystrophy upper and lower limb, and lumbar spinal stenosis without neurogenic. Diagnostic tests cited in the notes include MRI of the lumbar spine 3-16-2009 showing disc desiccation at L5-S1, facet arthropathy, foraminal narrowing and stenosis with "likelihood" for impingement of the proximal left S1 nerve root. On 7-7-2015 the injured worker presented with positive right lumbar radicular signs, and "sharp, dull, throbbing, burning, aching, electricity and pins and needles" pain rated 8-9 out of 10. She reported that the pain was constant and radiating, becoming worse with activity. Symptoms were noted to decrease with rest. The treating physician stated on 5-22-2015 that the injured worker's pain was worsening and they "find it necessary to order diagnostic studies" with electromyography-nerve conduction study, or MRI. The MRI had been denied. Documented treatment includes "failed conservative treatment," cervical sympathetic blocks, epidural infusion, pain pump which has been removed, home exercise, and medication, presently noted as Nuvigil, buprenorphine-Naloxone, Cymbalta, Imitrex, Tizanidine, Lactulose, Topamax, and Lidoderm patch. Zanaflex was also prescribed in the 5-22-2015 note. A request is stated to be pending for physical therapy, and a right L5 lumbar epidural steroid injection is noted to be scheduled for 7-20-2015. The treating physician requested electromyography and nerve conduction study for the lumbar spine which was denied on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2015: Low Back - Lumbar & Thoracic (acute & chronic) (updated 07/17/2015).

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, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Nerve conduction studies.

Decision rationale: The patient presents with low back pain. The request is for EMG/NCV of the lumbar spine. Patient is status post lumbar spine surgery, date unspecified. Examination to the lumbar spine on 05/22/15 revealed positive right lumbar radicular signs. Per 07/07/15 progress report, patient's diagnosis include uns thoracic/lumb neuritis/radicul, reflex symp dystrophy lower limb, reflex symp dystrophy upper limb, spinal stenosis lumbar wo neurogenic. Patient's medications, per 04/22/15 progress report include Suboxone, Nuvigil, Cymbalta, Zanaflex, Zofran, Linzess, Lactulose, Topomax, and Imitrex. Patient's work status was not specified. 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 05/22/15, treater is requesting EMG/NCV to assess radicular symptoms. Per 03/12/15 progress report, the patient continues with radicular pain and is diagnosed with unspecified thoracic/lumb neuritis/radicul. Given the patient's continuing radiating symptoms, 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.