

Case Number:	CM15-0200109		
Date Assigned:	10/15/2015	Date of Injury:	05/16/2013
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female who sustained an industrial injury on 5-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease and right leg radiculopathy. According to the progress report dated 9-17-2015, the injured worker complained of low back pain with pain radiating down both legs, right greater than left. The back pain improved with rest and lying down. The physical exam (9-17-2015) revealed focal tenderness along the L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinal muscles bilaterally. Straight leg raise was mildly positive on the right at 80 degrees for calf and foot pain. Lasegue's and Bragard tests were positive on the right. There was mild, decreased sensation in the L5 nerve root distribution to her right foot. Treatment has included physical therapy, epidural steroid injection and medications. Current medications (9-17-2015) included Tramadol, Gabapentin and Ibuprofen. The patient had magnetic resonance imaging (MRI) of lumbar spine on 9/20/13 that revealed lumbar degenerative disc disease at L4-5 and L5-S1 with focal, central disc protrusions at those levels and X-ray of the lumbar spine revealed grade 1 anterolisthesis. She had severe focal central and lateral recess stenosis at L4-5; moderate at L5-S1. The patient's surgical history includes right shoulder surgery on 4/14/15. The patient sustained the injury due to cumulative trauma. The patient had received an unspecified number of the PT visits for this injury. The patient had used a wrist splint and lumbar brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCV of the right lower extremity as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies (NCS); EMGs.

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

Decision rationale: Request: One EMG/NCV of the right lower extremity as an outpatient. Per ACOEM chapter 12 guidelines, "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." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The patient had diagnoses of lumbar degenerative disc disease and right leg radiculopathy. According to the progress report dated 9-17-2015, the injured worker complained of low back pain with pain radiating down both legs, right greater than left. The physical exam (9-17-2015) revealed focal tenderness along the L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinal muscles bilaterally. Straight leg raise was mildly positive on the right at 80 degrees for calf and foot pain. Lasegue's and Bragard tests were positive on the right. There was mild, decreased sensation in the L5 nerve root distribution to her right foot. The patient had magnetic resonance imaging (MRI) of lumbar spine on 9/20/13 that revealed lumbar degenerative disc disease at L4-5 and L5-S1 with focal, central disc protrusions at those levels and X-ray of the lumbar spine revealed grade 1 anterolisthesis. She had severe focal central and lateral recess stenosis at L4-5; moderate at L5-S1. The patient has already had conservative treatment including PT visits and oral medication. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and also would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request of One EMG/NCV of the right lower extremity as an outpatient is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.