

Case Number:	CM15-0203654		
Date Assigned:	10/20/2015	Date of Injury:	03/20/2006
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 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 41 year old female, who sustained an industrial injury on March 20, 2006. The injured worker was diagnosed as having lumbar status post lumbar five to sacral one spinal fusion. Treatment and diagnostic studies to date has included above noted procedure, medication regimen, x-rays, magnetic resonance imaging of the lower back, physical therapy, and pain injections (with type unknown). In a progress note dated August 24, 2015 the treating physician reports complaints of pain to the lumbar spine along with difficulty performing activities of daily living such as dressing, bathing, and grooming due to the pain. Examination performed on August 24, 2015 was revealing for tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, and decreased sensation to the bilateral sacral one dermatome distribution. In the progress note from May 29, 2015 the examination was revealing for tenderness and spasm to the lumbar paravertebral muscles, tenderness to the sciatic notch bilaterally, pain with toe and heel walk, pain with squats, spasm and pain with range of motion to the lumbar spine, and a decreased sensation with pain to the lumbar five at the lateral leg to mid foot and sacral one at the posterior leg to the outer foot. The progress note on May 29, 2015 also noted radiating pain from the right lower extremity with numbness, tingling, and weakness. The progress note on May 29, 2015 noted four views of the lumbar spine were performed on this date that was unrevealing. On August 24, 2015 the treating physician requested electromyogram with nerve conduction velocity of the lower extremities to evaluate for pseudoarthrosis, noting "significant pain that is limiting her activities of daily living." On September 15, 2015 the Utilization Review determined the request for an electromyogram with

nerve conduction velocity of the lower extremities to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (NCV) (Lower extremities): 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), Low back, Lumbar & Thoracic (Acute & Chronic) - Electromyography (EMG), Nerve Conduction Studies (NCS).

MAXIMUS 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 section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is lumbar pain status post L5-S1 spinal fusion. Date of injury is March 20, 2006. Request for authorization is September 10, 2015. The medical record contains 18 pages. According to a May 29, 2015 progress note, subjective complaints include low back pain. The injured worker is status post lumbar fusion L5-S1. Utilization review indicates an EMG was performed on February 5, 2009 of the lower extremities. The result showed a left S1 radiculopathy. An MRI of the lumbar spine was performed 2009 that showed a fusion. According to a progress note dated August 24, 2015, the injured worker has ongoing low back pain and difficulty with ADLs. Objectively, there is tenderness to palpation with decreased range of motion. There is negative straight leg raising. There is decreased sensation in the bilateral S1 dermatome. There are no unequivocal objective findings sufficient to warrant repeat EMG studies. There are no compelling clinical facts to warrant repeating the EMG studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. According to the May 2015 progress note, the injured worker declined conservative management with physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of conservative management, a prior EMG performed February 5, 2009 and no compelling clinical facts indicating a repeat EMG/NCV is clinically indicated, bilateral lower extremity EMG/NCV studies are not medically necessary.