

Case Number:	CM15-0204926		
Date Assigned:	10/21/2015	Date of Injury:	07/08/2011
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 7-8-2011. Diagnoses include lumbar radiculopathy. On 10-7-15, he complained of progressive right leg weakness and increased low back pain. The prior transforaminal epidural injection provided on 9-11-15, was noted to provide only temporary relief. The record documented the most recent MRI completed in 5-2015, revealed worsening nerve compression, large annular tear and disc protrusion with bilateral L5 nerve compression. The physical examination documented lumbar tenderness with muscle spasm noted, tenderness over lumbar facet joints with trigger points noted. The straight leg raise was positive. There was weakness and decreased sensation in lower extremities noted with some foot drop on the right after walking a couple minutes. The plan of care included electromyogram and nerve conduction studies "to determine whether need to advance to surgery or continue to treat conservatively". The appeal requested authorization for electromyogram and nerve conduction studies (EMG-NCS) for right lower extremity. The Utilization Review dated 10-9-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. EMG of the arms or legs is supported to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing pain in the lower back that went into the legs with worsening right ankle weakness. Recorded examinations described weakness and loss of feeling in a pattern that followed spinal nerve paths that were consistent with the results of a recent MRI. There was no discussion suggesting subtle neurologic findings or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) testing of the right leg is not medically necessary.