

Case Number:	CM15-0207722		
Date Assigned:	10/26/2015	Date of Injury:	01/14/2014
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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 42 year old female who sustained an industrial injury on 1-14-14. The injured worker reported numbness and tingling in the right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral sacroiliac joint dysfunction, lumbosacral sprain with radicular symptoms and disc herniation L4-L5, L5-S1. Provider documentation dated 9-16-15 noted the work status as returning to modified work 9-16-15. Treatment has included ice application, Ibuprofen since at least April of 2015, Tramadol since at least May of 2015, Flexeril since at least May of 2015, L5-S1 epidural injection (6-29-15) and SI joint block (9-10-15). Objective findings dated 9-16-15 were notable for right S1 nerve root distribution with decreased sensation. The original utilization review (9-29-15) denied a request for EMG right lower extremity and NCV right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents with numbness and tingling in the right lower extremity. The current request is for EMG right lower extremity. The treating physician states, in a report dated 09/16/15, "There is MRI evidence of disc herniations at L4-L5 and L5-S1 with bilateral neuroforaminal stenosis. I would like to confirm if this is indeed the source of the patient's right radicular symptoms. Therefore, I am requesting an EMG/NCV of the right lower extremity." (47B) The ACOEM guidelines state, "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." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the treating physician, based on the records available for review, states "The patient reports ongoing radicular pain to the right lower extremity despite having received a right SI joint block. She also reports ongoing numbness and tingling in the right lower extremity that extends into the right toes. Physical examination revealed decreased sensation in the S1 nerve root distribution." (47B) While the ACOEM guidelines may support EMG for lower back pain the current request is for EMG/NCV and the ODG requires that electrodiagnostic studies be medically indicated to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. The treating physician has documented signs that may indicate radiculopathy that needs to be ruled out. The current request is medically necessary.

NCV right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents with numbness and tingling in the right lower extremity. The current request is for NCV right lower extremity. The treating physician states, in a report dated 09/16/15, "This patient shows signs and symptoms of active radiculopathy towards the right lower extremity. At the present time it is justifiable for the patient to have an in house nerve conduction study in order to find out the source of pain generation in the lumbar region." (47-48B) The MTUS guidelines are silent on NCVs. ODG discusses nerve conduction studies as not being recommended for lower back pain alone. In this case, the treating physician, based on the records available for review, states, "Without performing a nerve conduction study it would be very difficult to find the source of pain generation in the patient lower extremity" (48B) As this request is not being made for back pain alone, but an attempt to pinpoint complaints of numbness or tingling, the current request is medically necessary.