

Case Number:	CM15-0209251		
Date Assigned:	10/28/2015	Date of Injury:	03/08/2007
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 54 year old male who reported an industrial injury on 3-8-2007. His diagnoses, and or impressions, were noted to include: lumbosacral radiculitis and spondylosis without myelopathy, with clinically active left lumbar 5 radiculopathy; status-post lumbar fusion with removal of hardware; failed back surgery syndrome; status-post thoracolumbar spinal cord stimulator placement; arthritis; migraine; chronic depression secondary to chronic pain; anxiety; and hypertensive disorder. No current imaging studies were noted. His treatments were noted to include: foraminotomy with lumbar fusion and instrumentation (2011); physical therapy; acupuncture and chiropractic treatments; a home exercise program; medication management; and rest from work. The progress notes of 10-1-2015 reported: pain in the left testicle; continued pain, rated 9 out of 10, in the lumbar spine with a radicular component down the left leg-foot, with numbness-tingling; and that his medications allow him some degree of comfort and without them his pain would be bearable, and he would have a significant decrease in functionality. The objective findings were noted to include: limited lumbar range-of-motion with positive left straight leg raise, and positive left-side slump test; decreased sensation and reflexes in the left lumbosacral distribution; weakness in the left "EHL"; and moderate muscle spasms throughout the lumbar spine. The physician's requests for treatment were noted to include EMG and NCS of the bilateral lower extremities for radicular left lower extremity pain. No Request for Authorization for an outpatient urine drug screen was noted in them medical records provided. The Utilization Review of 10-8-2015 non-certified the request for EMG and NCS of the bilateral extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of bilateral 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, EMGs (electromyography).

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), EMGs (electromyography) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in March 2007 with injury to the low back while lifting a heavy piece of sheet metal and underwent a lumbar discectomy followed by a lumbar fusion and then underwent hardware removal in 2011. When seen in September 2015 he had failed conservative treatments and a spinal cord stimulator had been placed in January 2015. The stimulation had not been reprogrammed since January 2015. He was having left lower extremity radicular pain rated at 9/10 with numbness and tingling and was having left testicular pain. Physical examination findings included limited lumbar range of motion with pain. There was decreased left lower extremity strength and sensation and straight leg raising was positive. The assessment references an active left L5 radiculopathy. Bilateral lower extremity electrodiagnostic testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. An EMG is not considered medically necessary if radiculopathy is already clinically obvious. In this case, the claimant has findings consistent with and L5 radiculopathy. EMG is not medically necessary. Additionally, there would be no need to test the asymptomatic right lower extremity. The request is not medically necessary.

Nerve conduction studies (NCS) of bilateral 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, Nerve conduction studies (NCS).

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), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work injury in March 2007 with injury to the low back while lifting a heavy piece of sheet metal and underwent a lumbar discectomy followed by a lumbar fusion and then underwent hardware removal in 2011. When seen in September 2015 he had failed conservative treatments and a spinal cord stimulator had been placed in January

2015. The stimulation had not been reprogrammed since January 2015. He was having left lower extremity radicular pain rated at 9/10 with numbness and tingling and was having left testicular pain. Physical examination findings included limited lumbar range of motion with pain. There was decreased left lower extremity strength and sensation and straight leg raising was positive. The assessment references an active left L5 radiculopathy. Bilateral lower extremity electrodiagnostic testing was requested. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. In this case, the claimant has an L5 radiculopathy. There is no history of systemic disease that would support a need for nerve conduction testing. Additionally, there would be no need to test the asymptomatic right lower extremity. The request is not medically necessary.