

Case Number:	CM15-0209554		
Date Assigned:	10/28/2015	Date of Injury:	02/20/2013
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
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: California, North Carolina
 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 2-20-13. The injured worker was diagnosed as having lumbar spine arthrodesis with instrumentation with radiculopathy; cervical spine sprain-strain; mid back sprain-strain. Treatment to date has included status post lumbar L4-5 and L5-S1 anterior interbody fusion (2-24-14); physical therapy; medications. Diagnostics studies included EMG-NCV study of the lower extremities (8-31-15); EMG-NCV bilateral upper extremities (9-1-15). Currently, the PR-2 notes dated 8-6-15 indicated the injured worker returned to the office for a re-evaluation. He complains of pain in the low back, neck and bilateral legs. He reports the pain radiates to the lower extremities and is aggravated by prolonged sitting, standing, walking and other postures. The provider is requesting an EMG-NCV study of the bilateral lower extremities to establish the presence of radiculitis-neuropathy. He also requested a MRI of the cervical spine to establish the presence of disk pathology. He requests a CT scan of the lumbar spine and physical therapy 12 sessions for strength training, increasing range of motion and decreasing pain. He is refilling his Tramadol prescription 150mg X60. An EMG-NCV study of the bilateral lower extremities was done on 8-31-15. The "EMG study was abnormal characterized by an active lumbosacral radiculopathy, acute and chronic in nature primarily involving L4-5-S1 greater on the left. An NCV revealed mild abnormal study due to absent responses involving the right peroneal nerve distally as well as proximally. The findings suggest a possible compression involving the peroneal nerves; however, this may be related to the radiculopathy on the EMG." AN EMG-NCV study of the upper extremities on 9-1-15 revealed an "abnormal EMG with findings that suggest the presence

of a cervical radiculopathy, acute and chronic in nature, involving C5-C6 nerve roots, greater on the right. There was noted to be some mild spasm over the cervical regions with some irritability. NCV is normal with no focal or diffuse neuropathic features." A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 9-30-15 and non-certification for EMG- NCV of the bilateral lower extremities. A request for authorization has been received for EMG- NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter 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 (EMG/NCV).

Decision rationale: The request is for EMG/NCV of the bilateral lower extremities. ACOEM Guidelines address only EMG. ODG addresses both EMG and NCV. These guidelines indicate that EMG is not necessary when radiculopathy is clinically obvious. This patient has several signs of radiculopathy, including positive bilateral straight-leg raising test and hypoesthesias in the foot in the L5 and S1 dermatomes bilaterally. There is also weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. These findings establish the presence of a radiculopathy therefore the EMG/NCV is not medically necessary or appropriate.