

Case Number:	CM15-0025889		
Date Assigned:	02/18/2015	Date of Injury:	12/06/2013
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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
 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 41 year old male, who sustained an industrial injury on December 6, 2013. He has reported right knee and low back injuries. His diagnoses include lumbar sprain/strain, sacroiliac ligament sprain/strain, myofascial pain, and meniscus tear (knee). He has been treated with TENS (transcutaneous electrical nerve stimulation), chiropractic therapy, steroid injection, home exercise program, ice, activity modifications, and medications including oral pain, topical pain, and non-steroidal anti-inflammatory. On December 15, 2014, his treating physician reports right knee and low back injuries. A little relief was provided by a steroid injection to the knee, but he still pain on the inside of the right knee. There was radiation of the low back pain to the left leg, without numbness. Current medication is a non-steroidal anti-inflammatory. His physician noted an MRI of the lumbar spine was performed on November 25, 2014. The physical exam was unchanged. On January 12, 2015, his treating physician reports right knee and low back injuries. Current medication is a non-steroidal anti-inflammatory. Chiropractic care was helpful. The physical exam was unchanged. The treatment plan includes electromyography (EMG) of bilateral lower extremities for further evaluation of lumbar radiculopathy. On January 22, 2015, Utilization Review non-certified a request for electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities, noting the source of the patient's radicular complaints has been identified with the examination and MRI findings, which is consistent with the guidelines. The California Medical Treatment Utilization Schedule (MTUS): ACOEM (American College of Occupational and Environmental Medicine) and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) 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 Low back chapter, NCS.

Decision rationale: The patient was injured on 12/06/13 and presents with right knee and low back pain. The request is for a NERVE CONDUCTION STUDY OF RIGHT LOWER EXTREMITY. There is no RFA provided and the patient is to return to modified work duty on 12/15/14. The 11/25/14 MRI of the lumbar spine revealed an eccentric disc herniation to the left at L5-S1 with neuroforaminal narrowing displacing left S1 nerve root as well as a L4-5 and L5-S1 disc degeneration with broad disc protrusion at L4-5. Review of the reports provided does not indicate if the patient had a prior NCS of his right lower extremity and the report with the request is not provided. MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." The report with the request is not provided nor is there any discussion provided regarding this request. There is radiation of the low back pain to the left leg. In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. There is no discussion on why the patient needs an NCV on the right side, when the symptoms are on the left leg. The requested NCV of the right lower extremity IS NOT medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for Low Back -EMG Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient was injured on 12/06/13 and presents with right knee and low back pain. The request is for an ELECTROMYOGRAPHY OF RIGHT LOWER EXTREMITY. There is no RFA provided and the patient is to return to modified work duty on 12/15/14. The 11/25/14 MRI of the lumbar spine revealed an eccentric disc herniation to the left at L5-S1 with neuroforaminal narrowing displacing left S1 nerve root as well as a L4-5 and L5-S1 disc degeneration with broad disc protrusion at L4-5. Review of the reports provided does not

indicate if the patient had a prior EMG of his right lower extremity and the report with the request is not provided. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." There is no indication of any prior EMG of the right lower extremity. In this case, the patient has had low back to the left leg pain since at least 08/21/14. There is no indication of why the patient needs an EMG of the right lower extremity when the patient is having pain to the left leg. Therefore, the requested EMG of the right lower extremity IS NOT medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) 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 Low back chapter, NCS.

Decision rationale: The patient was injured on 12/06/13 and presents with right knee and low back pain. The request is for an ELECTROMYOGRAPHY OF RIGHT LOWER EXTREMITY. There is no RFA provided and the patient is to return to modified work duty on 12/15/14. The 11/25/14 MRI of the lumbar spine revealed an eccentric disc herniation to the left at L5-S1 with neuroforaminal narrowing displacing left S1 nerve root as well as a L4-5 and L5-S1 disc degeneration with broad disc protrusion at L4-5. Review of the reports provided does not indicate if the patient had a prior EMG of his right lower extremity and the report with the request is not provided. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." There is no indication of any prior EMG of the right lower extremity. In this case, the patient has had low back to the left leg pain since at least 08/21/14. There is no indication of why the patient needs an EMG of the right lower extremity when the patient is having pain to the left leg. Therefore, the requested EMG of the right lower extremity IS NOT medically necessary.

EMG of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for Low Back -EMG Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient was injured on 12/06/13 and presents with right knee and low back pain. The request is for an ELECTROMYOGRAPHY OF LEFT LOWER EXTREMITY. The utilization review denial rationale is that "with the examination and MRI findings, the source of the patient's radicular complaints has been identified, with the medical necessity for electrodiagnostic studies not present." There is no RFA provided and the patient is to return to

modified work duty on 12/15/14. The 11/25/14 MRI of the lumbar spine revealed an eccentric disc herniation to the left at L5-S1 with neuroforaminal narrowing displacing left S1 nerve root as well as a L4-5 and L5-S1 disc degeneration with broad disc protrusion at L4-5. Review of the reports provided does not indicate if the patient had a prior EMG of his left lower extremity. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." There is no indication of any prior EMG of the right lower extremity. In this case, the patient has had low back to the left leg pain since at least 08/21/14. Given the persistent chronic pain, an EMG of the left lower extremity appears reasonable. Therefore, the request IS medically necessary.