

Case Number:	CM15-0026244		
Date Assigned:	02/18/2015	Date of Injury:	04/28/1999
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
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 57-year-old female, with a reported date of injury of 01/28/2002. The diagnoses include chronic lumbar strain with instability, and status post lumbar laminectomy discectomy and micro foraminotomy at L5-S1. Treatments have included an MRI of the lumbar spine; a lumbar injection, without benefit; physical therapy, without relief; lumbar spine surgery in 04/2000; oral medications; and x-rays of the lumbar spine on 12/29/2014, which showed significant disc space narrowing at L5-S1 with loss of lordosis and decreased bone quality. The progress report dated 12/29/2014 indicates that the injured worker had constant low back pain, which radiated into the leg and down to the feet. She rated the pain 7-8 out of 10. A physical examination showed a limp, favoring the right side. There was no documentation of a lumbar spine examination. The treating physician recommended new electromyogram/nerve conduction studies of both lower extremities. The rationale for the request was not indicated. On 01/21/2015, Utilization Review (UR) denied the request for an electromyogram (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities. The UR physician noted that there was no objective functional examination of the lumbar spine to provide evidence of neurological deficits. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back/Electrodiagnostic Studies (EDS).

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

Decision rationale: The patient was injured on 04/26/99 and presents with pain in her neck, right shoulder, bilateral upper extremities, bilateral knees, and bilateral ankles/feet. The request is for an EMG OF THE LEFT LOWER EXTREMITY. The utilization review determination rationale is that there was no objective functional examination of the lumbar spine to provide evidence of neurological deficits. The RFA is dated 01/14/15 and the treater is requesting for an EMG/NCV of the bilateral lower extremities. Review of the reports provided does not indicate if the patient has had a prior EMG of the 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. In this case, the patient has low back pain which radiates into the leg down to the feet. The patient walks with a limp, favoring the right side and has a limited range of motion. There is palpation of the medial joint live revealing tenderness bilaterally and patellofemoral grind test was positive. The 12/29/14 x-ray of the bilateral knees indicated medial compartmental narrowing with tricompartmental bone spurs. The 12/29/14 x-ray of the lumbar spine revealed L5-S1 significant disc space narrowing with loss of lordosis and decreased bone quality. There is no indication of any prior EMG of the left lower extremity. In this case, the patient has had low back as early as 07/14/14. Given the persistent chronic pain, an EMG of the left lower extremity appears reasonable. Therefore, the request IS medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. 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 Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient was injured on 04/26/99 and presents with pain in her neck, right shoulder, bilateral upper extremities, bilateral knees, and bilateral ankles/feet. The request is for an NCV OF THE LEFT LOWER EXTREMITY. The utilization review determination rationale is that there was no objective functional examination of the lumbar spine to provide evidence of neurological deficits. The RFA is dated 01/14/15 and the treater is requesting for an EMG/NCV of the bilateral lower extremities. Review of the reports provided does not indicate if the patient has had a prior NCV of the left lower extremity. 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 reason for the request is not provided. In this case, the patient has low back pain which radiates into the leg down to the feet. The patient walks with a limp, favoring the right side and has a limited range of motion. There is palpation of the medial joint live revealing tenderness bilaterally and patellofemoral grind test was positive. The 12/29/14 x-ray of the bilateral knees indicated medial compartmental narrowing with tricompartmental bone spurs. The 12/29/14 x-ray of the lumbar spine revealed L5-S1 significant disc space narrowing with loss of lordosis and decreased bone quality. There is no indication of any prior NCV of the left lower extremity. In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The requested NCV of the left lower extremity IS NOT medically necessary.

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back/Electrodiagnostic Studies (EDS).

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

Decision rationale: The patient was injured on 04/26/99 and presents with pain in her neck, right shoulder, bilateral upper extremities, bilateral knees, and bilateral ankles/feet. The request is for an EMG OF THE RIGHT LOWER EXTREMITY. The utilization review determination rationale is that there was no objective functional examination of the lumbar spine to provide evidence of neurological deficits. The RFA is dated 01/14/15 and the treater is requesting for an EMG/NCV of the bilateral lower extremities. Review of the reports provided does not indicate if the patient has had a prior EMG of the right 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. In this case, the patient has low back pain which radiates into the leg down to the feet. The patient walks with a limp, favoring the right side and has a limited range of motion. There is palpation of the medial joint live revealing tenderness bilaterally and patellofemoral grind test was positive. The 12/29/14 x-ray of the bilateral knees indicated medial compartmental narrowing with tricompartmental bone spurs. The 12/29/14 x-ray of the lumbar spine revealed L5-S1 significant disc space narrowing with loss of lordosis and decreased bone quality. There is no indication of any prior EMG of the right lower extremity. In this case, the patient has had low back as early as 07/14/14. Given the persistent chronic pain, an EMG of the right lower extremity appears reasonable. Therefore, the request IS medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. 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 Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: The patient was injured on 04/26/99 and presents with pain in her neck, right shoulder, bilateral upper extremities, bilateral knees, and bilateral ankles/feet. The request is for an NCV OF THE RIGHT LOWER EXTREMITY. The utilization review determination rationale is that there was no objective functional examination of the lumbar spine to provide evidence of neurological deficits. The RFA is dated 01/14/15 and the treater is requesting for an EMG/NCV of the bilateral lower extremities. Review of the reports provided does not indicate if the patient has had a prior NCV of the right lower extremity. 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 reason for the request is not provided. In this case, the patient has low back pain which radiates into the leg down to the feet. The patient walks with a limp, favoring the right side and has a limited range of motion. There is palpation of the medial joint live revealing tenderness bilaterally and patellofemoral grind test was positive. The 12/29/14 x-ray of the bilateral knees indicated medial compartmental narrowing with tricompartmental bone spurs. The 12/29/14 x-ray of the lumbar spine revealed L5-S1 significant disc space narrowing with loss of lordosis and decreased bone quality. There is no indication of any prior NCV of the right lower extremity. In this situation, NCV studies are not recommended per ODG guidelines if the leg symptoms are presumed to be coming from the spine. The requested NCV of the right lower extremity IS NOT medically necessary.