

Case Number:	CM15-0029617		
Date Assigned:	02/23/2015	Date of Injury:	03/20/2002
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old male who sustained a work related injury March 20, 2002. According to a primary treating physician's progress report, dated January 9, 2015, the injured worker presented for a re-evaluation of his back and leg pain. He uses Lidoderm patches which do help, tried and failed gabapentin, Lyrica and Cymbalta and Ambien CR helps for sleep. He wears a back brace which has been helping with posture and walking. The pain is stabbing and aching in the low back and radiates to the left leg. There is numbness in the left lateral upper leg and both feet. Physical examination of the lumbar spine reveals sensation intact but diminished in the left lateral thigh; there is spasm and tenderness over the paraspinals and limited range of motion with flexion and extension, mostly with extension. The straight leg raise is positive on the left. Impression is documented as low back and sacroiliac joint pain; lumbar degenerative disc disease and chronic pain syndrome. Treatment plan included an intramuscular injection of Tramadol and request for authorization of EMG/NCV of the lower extremities. According to utilization review dated January 21, 2015, the request for EMG/NCV (electromyography/nerve conduction studies) of bilateral lower extremities has been modified to EMG of the bilateral lower extremities is medically necessary and NCV of the bilateral lower extremities is non-certified, citing Official Disability Guidelines (ODG), Low Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low Back Chapter.

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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are low back pain; sacroiliac joint pain; lumbar degenerative disc disease; muscle pain; shoulder pain; and chronic pain syndrome. The treating physician states the injured worker is having worsening radicular pain according to documentation in a January 9, 2015. Subjectively, the treating physician provides contradictory radicular symptomatology. At the beginning of the first paragraph, the injured worker's leg pain was getting worse. In the last sentence of the second paragraph, the treating physician states the injured worker denies any new symptoms or neurologic changes. Reportedly, an EMG and nerve conduction study was performed in the past (no results in the record). There is minimal justification for performing (repeat) nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. However, EMGs may be useful to obtain unequivocal evidence of radiculopathy. An EMG is indicated. Consequently, absent clinical documentation to support performing bilateral lower extremity EMG/NCV studies, bilateral lower extremity EMG/NCV is not medically necessary.