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| Case Number: | CM15-0221928 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 01/22/2007 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/17/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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, Hawaii
 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:

This injured worker is 39 year old female who reported an industrial injury on 1-22-2007. Her diagnoses, and or impressions, were noted to include: lumbar inter-vertebral disc disorder with myelopathy; and post-lumbar discectomy. MRI of the cervical spine was said to have been done on 9-14-2015, and the lumbosacral spine on 9-15-2015; and electrodiagnostic studies of the lower extremities was done on 4-17-2015, noting some abnormal findings. Her treatments were noted to include medication management with toxicology studies, and modified work duties. The progress notes of 9-11-2015 reported complaints which included: bilateral lumbar and sacroiliac complaints with constant discomfort rated 7-8 out of 10, with numbness-tingling in the right anterior & posterior leg-knee-shin-ankle, 80% of the time, which was worsened with movements and activities, and improved with medications. The objective findings were noted to include: tenderness in the cervical para-spinal muscles, with spasms in the left trapezius, decreased cervical range-of-motion, and slight left biceps and triceps weakness; painful and decreased lumbar range-of-motion with positive left straight leg raise; a hyper-reflexic left patellar; and 2 beats of clonus. The physician's requests for treatment were noted to include ordering EMG and NCX for both the upper and lower extremities due to hyper-reflexia and weakness. The Request for Authorization, dated 9-11-2015, was noted to include EMG and NCV studies of the lower extremities. The Utilization Review of 10-17-2015 non-certified the request for repeat electrodiagnostic studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine) 2013, Low Back Disorders, Clinical Measures, Diagnostic Investigations, Electromyography (EMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG.

Decision rationale: The IW is a 39 year old woman with history of chronic neck and low back injuries from an industrial injury on 1/22/2007. She is s/p lumbar discectomy. Her medications include Prilosec, Colace, Ambien and Fioricet. Physical exam was significant for 3+/4 reflexes in the left patella, decreased lumbar range of motion, positive left SLR, left leg 4/5 muscle strength and 2 beat clonus in the left foot. MRI of the lumbar spine was significant for a L4-5 disc bulge, 3 mm, right greater than left, L5-S1 2-3 mm posterior disc bulge right greater than left with questionable displacement of the nerves. The MTUS guidelines do not address electrodiagnostic studies. The ODG guidelines for EMG states, "Recommended as an option (needle, not surface)." The treater in this case has failed to document any objective evidence that could possibly indicate that the patient may have radiculopathy. However, the ODG guidelines state, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case there is no obvious radiculopathy and ODG does recommend EMG as an option. There is nothing in the records provided to indicate that the patient has previously had lower extremity EMG testing. The MTUS guidelines do not address electrodiagnostic studies. The ODG guidelines for EMG states, "Recommended as an option (needle, not surface)." The treater in this case has failed to document any objective evidence that could possibly indicate that the patient may have radiculopathy. However, the ODG guidelines state, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In this case there is no obvious radiculopathy and ODG does recommend EMG as an option. There is nothing in the records provided to indicate that the patient has previously had lower extremity EMG testing. The IW has a positive MRI indicating disc bulging but questionable radiculopathy. Physical exam findings indicate abnormal findings on the left. There were no pathologic findings on the right side to correlate with the MRI. While there is sufficient evidence to warrant an EMG/NCS on the left limb, there are insufficient physical exam findings on the right. The request is not medically necessary.