

Case Number:	CM15-0221981		
Date Assigned:	11/17/2015	Date of Injury:	06/25/2012
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/12/2015

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(n) 66 year old female, who sustained an industrial injury on 6-25-12. The injured worker was diagnosed as having lumbar radiculopathy and lumbar spine pain. Subjective findings (10-15-15) indicated 7 out of 10 lumbar spine pain that radiates to her buttocks and left leg. Objective findings (10-15-15) revealed mild loss of sensation to light touch along the lateral aspect of the left thigh and tenderness to percussion in the lumbar spine. Treatment to date has included chiropractic treatments and physical therapy for the lumbar spine and Naproxen. The Utilization Review dated 10-23-15, non-certified the request for an EMG-NCV of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 chapter under EMGs - electromyography, Low Back chapter under Nerve conduction studies - NCS.

Decision rationale: The patient presents on 10/15/15 with lumbar spine pain rated 7/10 which radiates into the left buttocks and leg. The patient's date of injury is 06/25/12. The request is for EMG/NCV LEFT LOWER EXTREMITIES. The RFA was not provided. Physical examination dated 10/15/15 reveals reduced lumbar range of motion, tenderness to palpation of the paraspinal musculature, marked weakness in the left lower extremity, and mild loss of sensation in the L4-L5 dermatomal distributions. The patient is currently prescribed Omeprazole and Naproxen. Patient is currently not working. ODG Low Back chapter under EMGs (electromyography) ODG states; Recommended as an option needle, not surface. EMGs 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. ODG, Low Back chapter under Nerve conduction studies (NCS) states; Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states; NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. In regard to the request for EMV/NCV testing of the left lower extremity, this patient does not meet guideline criteria for NCV testing. In this case, the medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. The treating physician has documented that the patient has lower back pain which radiates into the left lower extremity with examination findings consistent with neurological dysfunction/nerve root compromise. Guidelines support EMG studies for patients presenting with radiculopathy in the lower extremities. Unfortunately, guidelines only support NCV studies of the lower extremities in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. Were the request solely for an EMG study, the recommendation would be for approval. However, the current request as written is not supported by guidelines and is NOT medically necessary.