

Case Number:	CM15-0222060		
Date Assigned:	11/17/2015	Date of Injury:	05/05/2011
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 5-5-2011. The injured worker is undergoing treatment for: lumbar spine sprain and strain, cervical spine sprain and strain. On 10-12-15, he reported no changes since his last examination on 8-31-15. A system check performed by the provider noted dental pain, jaw pain, dry mouth, constipation, depression, sexual problems, anxiety and sleep disturbance. His gait is noted to be within normal limits, movement is noted to be ginger and protective, no assistive devices noted, and no noted difficulties, however there is noted guarding. He reported low back pain rated 6 out of 10 with radiation into the bilateral lower extremities to the feet, right knee pain rated 4 out of 10, and right wrist pain rated 5-6 out of 10, and neck pain rated 4 out of 10. The treatment and diagnostic testing to date has included: MRI of the lumbar spine (10-13-15), electrodiagnostic studies (4-24-14). Medications have included: Prilosec, FMCC cream. Current work status: permanent and stationary, temporarily total disability. The request for authorization is for: EMG-NCV bilateral lower extremities. The UR dated 10-9-2015: non-certified the request for EMG and NCS of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, EMGs (electromyography); ODG Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the lumbar spine and right lower extremities. The current request is for EMG bilateral lower extremities. The treating physician report dated 9/30/15 (131B) states, I am also requesting an EMG/NCV of the bilateral lower extremities and lumbar spine to rule out lumbar radiculopathy. The report goes on to state, Once again, there is worsening sensory deficits now in the bilateral lower extremities and straight leg raise is positive bilaterally. A report dated 9/10/15 (119B) states, “The patient complained of chronic low-back pain with pain, numbness and tingling radiating into the right lower extremity.” ACOEM page 303 states, “Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks.” Repeat studies are not addressed. The ODG guidelines state, “Recommended as an option (needle, not surface). 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, while the patient has been diagnosed with radiculopathy, an EMG/NCV study dated 4/24/14 was normal and the patient continues to experience pain affecting the right lower extremity. Furthermore, there is evidence in the documents provided, of an abnormal sensory exam, and complaints of numbness and tingling, that would warrant an EMG of the lower extremities. The current request satisfies the ODG guidelines. The current request is medically necessary.

NCS bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back chapter, EMGs (electromyography); ODG Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The patient presents with pain affecting the lumbar spine and right lower extremities. The current request is for NCS bilateral lower extremities. The treating physician report dated 9/30/15 (131B) states: I am also requesting an EMG/NCV of the bilateral lower extremities and lumbar spine to rule out lumbar radiculopathy. The report goes on to state: Once again, there is worsening sensory deficits now in the bilateral lower extremities and straight leg raise is positive bilaterally. A report dated 9/10/15 (119B) states: The patient complained of chronic low-back pain with pain, numbness and tingling radiating into the right lower extremity. ACOEM page 303 states, Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Repeat studies are not addressed. The ODG guidelines state, Recommended as an option (needle, not surface). 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, while the patient has been diagnosed with radiculopathy, an EMG/NCV study dated 4/24/14 was normal and the patient continues to experience pain affecting the right lower extremity. Furthermore, there is evidence in the documents provided, of an abnormal sensory exam, and complaints of numbness and tingling, that would warrant an NCV of the lower extremities. The current request satisfies the ODG guidelines. The current request is medically necessary.