

Case Number:	CM15-0034060		
Date Assigned:	03/02/2015	Date of Injury:	09/12/2002
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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 39-year-old female who sustained a work related injury to her lower back September 12, 2002. According to a primary treating physician's report dated February 3, 2015, the injured worker presented with complaints of back pain with numbness radiating to the left leg after sitting for prolonged periods. She has begun her second cycle of acupuncture and uses a topical gel for pain. Physical examination is documented as; global antalgic gait, straight leg raise is positive both sides in supine position at 50 degrees. Sensory examination reveals dysesthesias present over medial calf and anterior thigh, medial thigh on both sides. Diagnoses included lumbar radiculopathy; chronic pain syndrome and low back pain. Treatment plan included request for needle EMG and nerve conduction studies. According to utilization review dated February 18, 2015, the request for EMG/NCS (electromyography/nerve conduction studies) of the bilateral lower extremities has been modified to EMG of the bilateral lower extremities, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram Nerve conduction studies of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)' chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)'.

Decision rationale: The 39-year-old patient presents with back pain and numbness that radiates to the left leg, as per progress report dated 02/03/15. The request is for ELECTROMYOGRAM NERVE CONDUCTION STUDIES OF THE BILATERAL LOWER EXTREMITIES. The RFA for the case is dated 02/03/15, and the patient's date of injury is 09/12/02. Diagnoses, as per progress report dated 02/03/15, included lumbar radiculopathy, chronic pain syndrome, and low back pain. The patient is working regular duty, as per progress report dated 02/03/15. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, the request for EMG/NCV of bilateral lower extremities is noted in progress report dated 02/03/15. The available reports do not indicate prior EMG/NCV. The treating physician says that the study will help evaluate lumbar radiculopathy. The patient suffers from back pain and numbness that radiates to the left leg. Physical examination reveals positive straight leg raise bilaterally along with dysesthesias over medial calf, anterior thigh and medial thigh bilaterally. The physician also states that "Patient has history and examination strongly suggestive of lumbar radiculopathy." Given the clinical findings, the request for EMG/NCV for confirmation of radiculopathy is reasonable and IS medically necessary.