

Case Number:	CM15-0034576		
Date Assigned:	03/02/2015	Date of Injury:	08/08/2005
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 08/08/2005. He has reported subsequent neck, back and lower extremity pain and was diagnosed with cervical degenerative disc disease and stenosis, chronic low back pain with radicular symptoms, history of lumbar decompression and spinal fusion, and diabetic peripheral polyneuropathy. Comorbid conditions include diabetes. Treatment to date has included oral pain medication, physical and occupational therapy and surgery. In a progress note dated 01/22/2015, the injured worker complained of significant pain in the left groin and left lower extremity down to the foot as well as back pain. Objective findings were notable for an antalgic gait, diffuse tenderness to palpation over the lower legs and lumbar spine, significant discomfort in the left groin and internal rotation of the left hip, which was significantly guarded and restricted, diffuse pain in the back and legs with straight leg raising and decreased sensation to light touch in non-dermatomal distribution diffusely. The physician noted that an electromyography study of the lower extremities would be requested to help identify acute vs. chronic issues. On 02/10/2015, Utilization Review modified a request for nerve conduction studies/electromyography of the bilateral lower extremities to electromyography of the lower extremities, noting that the injured worker's symptoms were not specific for any one nerve root dysfunction. ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction Electromyography of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back strain, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. This patient's low back problem is complicated by his diabetes-related nerve injuries. The request for both an EMG and a NCV test is to differentiate whether the patient's symptoms are due to new changes in the anatomic abnormalities of the lumbar spine causing nerve compromise or due to the diabetic neuropathy. Together these electrodiagnostic tests will hopefully answer this question. Without the NCV test this differentiation may not be apparent. Medical necessity for this procedure has been established.