

Case Number:	CM15-0036204		
Date Assigned:	03/04/2015	Date of Injury:	10/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on 10/2/2014. She reports a trip and fall injury to the knees and lower back (Utilization Review). Diagnoses include left knee contusion and lumbar disc displacement without myelopathy. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported low back pain and left lower extremity complaints. On 2/11/2015, Utilization Review non-certified the request for right and left lower extremity nerve conduction study (NCS) and right and left lower extremity electromyography (EMG), citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition. Low Back- Lumbar & Thoracic Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 807-808, and 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCS as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCS are recommended in combination, the rationale for EMG is the same as that for NCS. Electrodiagnostic studies, comprised of EMG and NCS, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCS, with needle EMG component if radiculopathy suspected, would be indicated. NCS would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCS/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is documentation of physical finding of possible neurological compromise with positive straight leg raise test on left. There is no documentation of CT or MRI related to low back / left lower extremity. Per the guidelines, MRI or CT should be part of the work up prior to EMG/NCS. There is also no documentation that conservative measures such as physical therapy have been tried regarding back and leg symptoms. Without complete work up and documented failure of conservative therapy, the EMG of left lower extremity/back is not medically indicated.

EMG right lower extremity/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition. Low Back- Lumbar & Thoracic Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 807-808 and 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCS as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCS are recommended in combination, the rationale for EMG is the same as that for NCS. Electrodiagnostic studies, comprised of EMG and NCS, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCS, with needle EMG component if radiculopathy suspected, would be indicated. NCS would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCS/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is no documentation of physical finding of possible neurological compromise for the right lower extremity. The records do not indicate any other neurologic abnormalities or pain in the right lower extremity. There is no documentation of CT or MRI related to low back / right lower extremity symptoms. Without any evidence of neurological

abnormality or even pain in the right lower extremity, and without supportive imaging, EMG would not be indicated for the right lower extremity/back.

NCS left lower extremity/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition. Low Back- Lumbar & Thoracic Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 807-808, and 847-848.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCS as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCS are recommended in combination, the rationale for EMG is the same as that for NCS. Electrodiagnostic studies, comprised of EMG and NCS, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCS, with needle EMG component if radiculopathy suspected, would be indicated. NCS would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCS/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is documentation of physical finding of possible neurological compromise of left lower extremity with positive straight leg raise test on left. The records do not indicate any other neurologic abnormalities / pain of the lower extremities. There is no documentation of CT or MRI related to low back / left lower extremity symptoms. Per the guidelines, MRI or CT should be part of the work up prior to EMG/NCS. There is also no documentation that conservative measures such as physical therapy have been tried regarding back and leg symptoms. Without complete work up and documented failure of conservative therapy, the EMG of left lower extremity/back is not medically indicated.

NCS right lower extremity/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition. Low Back- Lumbar & Thoracic Acute & Chronic).

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compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCS, with needle EMG component if radiculopathy suspected, would be indicated. NCS would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCS/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is no documentation of physical finding of possible neurological compromise for the right lower extremity. The records do not indicate any other neurologic abnormalities or pain in the right lower extremity. There is no documentation of CT or MRI related to low back / right lower extremity symptoms, and no documentation of physical therapy attempted for low back symptoms. Without any evidence of neurological abnormality or even pain in the right lower extremity, NCS would not be indicated for the right lower extremity.