

Case Number:	CM15-0044031		
Date Assigned:	03/13/2015	Date of Injury:	06/26/2014
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management

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 34-year-old male, who sustained an industrial injury on 6/26/14. He has reported back injury at work. The mechanism of injury was not noted. The diagnoses have included lumbar sprain, lumbar sciatica and lumbar myelopathy. Treatment to date has included medications, diagnostics, Home Exercise Program (HEP) and 18 chiropractic sessions. Currently, as per the physician progress note dated 1/13/15, the injured worker complains of low back pain associated with tingling in the left leg. The current medications were not noted. The neurological exam revealed light touch sensation noted on the left lower extremity, mid lateral thigh, mid lateral calf, and left ankle are diminished. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/14/14 revealed lumbar spondylosis, disc protrusion and osteophyte disc complex. The requested treatment was for electromyography of the bilateral lower extremities, consult with urologist, medications for pain management specialist, and follow up consult with pain management specialist for chronic pain and orthopedist for lumbar spine problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6, adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states, "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy (AMA 2001)." With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states, "Nerve conduction studies (NCS) section: 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)." However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines, which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. In the case of this injured worker, there is chronic low back pain and documentation on 1/13/15 of reduced light touch sensation in various dermatomes of the left lower extremity. Given these findings, it is reasonable to pursue an EMG to detect subtle neurologic findings. This request is medically necessary.

EMG of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6, adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states, "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005)." EMGs may be required by the AMA Guides for an impairment rating of radiculopathy (AMA 2001)." With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states, "Nerve conduction studies (NCS) section: 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)." However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines, which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. In the case of this injured worker, there is chronic low back pain and documentation on 1/13/15 of reduced light touch sensation in various dermatomes of the left lower extremity. In performing electrodiagnostic studies, a comparison of the contralateral leg can yield additional information. This can be especially helpful when there is a superimposed bilateral process (ie, polyneuropathy) affect both limb. In these cases, a comparison of the results of one side to another can help to detect a lumbar radiculopathy. Given these findings, it is reasonable to pursue an EMG to detect subtle neurologic findings. This request is medically necessary.