

Case Number:	CM15-0044412		
Date Assigned:	03/17/2015	Date of Injury:	08/31/1995
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55-year-old female, who sustained an industrial injury on 08/31/1995. The injured worker is currently diagnosed as having cauda equine syndrome, idiopathic scoliosis, degeneration of intervertebral disc, peripheral neuritis, disorder of sacrum, arthralgia of the pelvic region and thigh, sacroiliac joint inflammation, and lumbar post-laminectomy syndrome. Treatment to date has included CT Myelogram, electromyography/nerve conduction studies, physical therapy, and medications. In a progress note dated 02/09/2015, the injured worker presented with complaints of lumbar pain and right leg pain. The treating physician reported requesting lumbar MRI, electromyography/nerve conduction studies of lumbar and lower extremities, and refilled prescriptions for Norco, Lyrica, Flexeril, Naproxen, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyography (EMG) and nerve conduction velocity (NCV) of the lumbar spine and bilateral lower extremities: Upheld

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient EMG/nerve conduction velocity studies lumbar spine and bilateral lower extremities are not medically necessary. Nerve conduction 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are thoracic/lumbosacral neuritis unspecified; disorders sacrum; post laminectomy syndrome lumbar region; and pain joint pelvis and thigh. Electrodiagnostic studies were performed November 12, 2014. The diagnostic impression was moderate severe, chronic left L5 radiculopathy with evidence of prominent chronic denervation/re-innervation but without evidence of active denervation at this time; sequelae of chronic left S1 radiculopathy with evidence of chronic denervation/re-innervation but without other evidence of current neuropathic changes; and no evidence of particular lesion on the right. The most recent progress note dated February 9, 2015 showed the injured worker had right lower extremity radicular symptoms. The symptoms have been ongoing. Neurologic examination does not show any significant abnormalities. The injured worker underwent electrodiagnostic studies on November 12, 2014 (three months prior). There is no clinical rationale or clinical indication for repeating electrodiagnostic studies based on prior studies performed three months prior. Consequently, absent compelling clinical documentation for repeating electrodiagnostic studies with prior testing performed November 12, 2014 (three months prior), outpatient EMG/nerve conduction velocity studies lumbar spine and bilateral lower extremities are not medically necessary.