

Case Number:	CM15-0053926		
Date Assigned:	03/27/2015	Date of Injury:	01/02/2014
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/21/2015

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: 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 39 year old male who sustained an industrial injury on 1/2/14. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having myofascial pain and L5-S1 radiculopathy. Treatments to date have included activity modification, status post L4-5 microdiscectomy, oral pain medication, and home exercise program. Currently, the injured worker complains of pain in the back and lower extremities. The plan of care was for Electromyography/Nerve Conduction Velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute, Low back lumbar & thoracic (acute & chronic)

<http://www.guideline.gov/content.aspx?id=47586> ACOEM 3rd Edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. ACOEM 3rd Edition indicates that electrodiagnostic studies for patients with acute, subacute, or chronic back pain who do not have significant leg pain or numbness are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. The operative report dated 5/8/14 documented L4-5 herniated disk, severe L4-5 left foraminal stenosis, and left L5 radiculopathy. Left L4-5 microdiscectomy, hemilaminotomy, and foraminotomy was performed. The office visit progress report dated 3/3/15 documented subjective complaints of low back pain which radiates down the left leg. Physical examination was documented lumbar tenderness and decreased range of motion. Left straight leg raise test was positive. Left lower extremity motor weakness and reduced sensation was noted. Diagnosis was lumbar disc prolapse and radiculopathy. Bilateral lower extremity electromyography (EMG) and nerve conduction velocity (NCV) studies was requested to evaluate radiculopathy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. The medical records document clinically obvious radiculopathy. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the request for bilateral lower extremity electromyography (EMG) and nerve conduction velocity (NCV) studies. Therefore, the request for electromyography (EMG) and nerve conduction velocity (NCV) studies is not medically necessary.