

Case Number:	CM15-0057814		
Date Assigned:	04/02/2015	Date of Injury:	06/05/2014
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male patient who sustained an industrial injury on 06/05/2014. A primary treating office visit dated 02/24/2015 reported subjective complaints of ongoing low back pain that radiates to his right leg and is associated with numbness in the right lower extremity. He has completed aqua therapy and indicated he found only temporary relief for approximately 24 hours or so with return of symptom. He rates the pain a 5 out of 10 in intensity, and takes Norco for breakthrough pain with noted improvement. He is diagnosed with discogenic low back pain with herniated nucleus pulposus at L5-S1; along with urological diagnosis rule out urinary incontinence. The plan of care involved pending consultation, recommending a nerve conduction study be performed, and possible epidural injection administration. He is found temporarily totally disabled and is to return for follow up in one month. Prior diagnostics include radiograph, limited therapy session, and magnetic resonance imaging. He also was referred for surgical intervention. A primary treating office visit dated 12/23/2014 reported present complaint of continuous low back pain that radiates to bilateral buttocks, legs and feet. The following diagnoses are applied: history of herniated nucleus pulposus, lumbar spine and urinary incontinence. The plan of care involved recommending another magnetic resonance imaging study of lumbar spine and urological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph/nerve conduction velocity for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, EMGs (electromyography), NCS (Nerve conduction studies).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, EMGs - electromyography-Low Back chapter under Nerve conduction studies -NCS-.

Decision rationale: The patient presents on 02/24/15 with lower back pain rated 5/10 which radiates into the right lower extremity and associated numbness to the extremity. The patient's date of injury is 06/05/14. Patient has no documented surgical history directed at this complaint. The request is for ELECTROMYOGRAPH / NERVE CONDUCTION VELOCITY FOR THE BILATERAL LOWER EXTREMITIES. The RFA is dated 03/04/15. Physical examination dated 02/24/15 reveals tenderness to palpation of the lower lumbar paravertebral musculature, and positive straight leg raise test on the right. The patient is currently prescribed Norco. Diagnostic imaging included lumbar MRI dated 01/06/15, significant findings include: "L5-S1: Posterior annula tear. 2-3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing. Bilateral exiting root compromise is seen." Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. The treating physician in this case has documented that the patient has right leg pain with paresthesia. The examination findings indicate a positive SLR on the right with no documentation of any clinical findings affecting the left leg. There is no obvious radiculopathy affecting the left leg and in fact there are no clinical findings to support performing EMG/NCV testing on the left. While there is uncertainty in the clinical diagnosis of radiculopathy affecting the right leg which may require EMG/NCV testing the current request is for bilateral lower extremity EMG/NCV testing. The current request, as written, is not supported by the ODG guidelines and the request is NOT medically necessary. The medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. The treating physician in this case has documented that the patient has right leg pain with paresthesia. The examination findings indicate a positive SLR on the right with no documentation of any clinical findings affecting the left leg. There is no obvious radiculopathy affecting the left leg and in fact there are no clinical findings to support performing EMG/NCV testing on the left. While there is uncertainty in the clinical diagnosis of radiculopathy affecting the right leg which may require EMG/NCV testing the current request is for bilateral lower extremity EMG/NCV testing. The current request, as written, is not supported by the ODG guidelines and the request is NOT medically necessary.

