

Case Number:	CM15-0082364		
Date Assigned:	05/04/2015	Date of Injury:	02/02/2001
Decision Date:	06/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 63 year old female sustained an industrial injury to the neck and low back on 2/2/01. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, ice, heat and medications. In an orthopedic consultation dated 3/18/15, the injured worker complained of ongoing lumbar spine pain with radiation to the left lower extremity associated with weakness. Magnetic resonance imaging (11/20/14) showed degenerative disc changes with disc bulge at L5-S1 resulting in mild central canal stenosis, a spondylolisthesis and facet hypertrophy. Current diagnoses included grade II spondylolisthesis at L5-S1, moderate neuroforaminal stenosis, mild central canal stenosis and morbid obesity. The treatment plan included electromyography/nerve conduction velocity test of the left lower extremity. The physician noted that the injured worker had atrophy and the finding of denervation consistent with the radiculopathy would have a direct bearing on treatment recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left lower extremity: 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
Page(s): 303.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "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." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed a back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. There is no evidence that the patient developed new pathology requiring an electrodiagnostic testing. Therefore, the request for EMG/NCV of left lower extremity is not medically necessary.