

Case Number:	CM14-0147331		
Date Assigned:	09/15/2014	Date of Injury:	05/04/1992
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old male with a 5/4/92 date of injury. At the time (6/18/14) of request for authorization for EMG (electromyography) of the right lower extremity and NCS (nerve conduction studies) of the right lower extremity, there is documentation of subjective (low back pain radiating to buttocks and down to left leg including numbness, tingling, and weakness to left leg) and objective (tenderness to palpation over midline L4-S1, bilateral lumbosacral paraspinal region, and posterior superior iliac spine/gluteal muscle) findings, current diagnoses (failed back surgery syndrome; chronic low back, buttock, and leg pain; and left knee arthroscopy), and treatment to date (physical therapy, acupuncture treatment, injection therapy, and medications). Medical report identifies documentation of a request for EMG and nerve conduction study of the lower extremity to evaluate leg pain, numbness, and weakness. In addition, medical report identify an associated request for MRI of the lumbar spine to further evaluate low back, buttock, and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, Electrodiagnostic studies

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies that electromyography (EMG) is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome; chronic low back, buttock, and leg pain; and left knee arthroscopy. In addition, there is documentation of a request for EMG and nerve conduction study of the lower extremity to evaluate leg pain, numbness, and weakness. Furthermore, there is documentation of radiculopathy after 1 month of conservative therapy. However, given documentation of an associated request for magnetic resonance imaging (MRI) of the lumbar spine to further evaluate low back, buttock, and leg pain, there is no documentation that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Therefore, based on guidelines and a review of the evidence, the request for EMG (electromyography) of the right lower extremity is not medically necessary.

NCS (nerve conduction studies) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, Electrodiagnostic studies

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, ODG identifies that EMG is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome; chronic low back, buttock, and leg pain; and left knee arthroscopy. In addition, there is documentation of a request for EMG and nerve conduction study of the lower extremity to evaluate leg pain, numbness, and weakness. Furthermore, there is

documentation of radiculopathy after 1 month of conservative therapy. However, given documentation of an associated request for MRI of the lumbar spine to further evaluate low back, buttock, and leg pain, there is no documentation that clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Therefore, based on guidelines and a review of the evidence, the request for NCS (nerve conduction studies) of the right lower extremity is not medically necessary.