

Case Number:	CM14-0149604		
Date Assigned:	09/18/2014	Date of Injury:	01/07/2013
Decision Date:	11/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 63 year old employee with date of injury of 1/7/2013. Medical records indicate the patient is undergoing treatment for lumbar intervertebral disc without myelopathy. Subjective complaints include pain in the lower back with radiation to the right leg. The pain is constant in frequency and moderate intensity. His pain level is an 8/10. His pain is sharp, throbbing, dull, aching and pressure like. The pain is aggravated by bending backwards, stooping, exercises, lying down and prolonged standing, walking and sitting. The pain is relieved with compression and relaxation. He has difficulty sleeping. Objective findings include: exam of lumbar spine reveals ROM to forward flexion is 60 degrees; extension to 20 and side bending right and left to 30. There is tenderness to palpation over bilateral lumbar paraspinal muscles. There is positive straight leg raise test on the right in the seated and supine position to 45 degrees. There is diminished sensation in the right L4 and L5 dermatomes of lower extremity. Treatment has consisted of Ultram, Naproxen, Prilosec, Gabapentin and Trazodone. The utilization review determination was rendered on 8/19/2014 recommending non-certification of EMG (electromyogram) left lower extremity, EMG (electromyogram) right lower extremity, NCS (nerve conduction studies) right lower extremity and NCS (nerve conduction studies) left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." Official Disability Guidelines states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician refers to clinically obvious radiculopathy of both lower extremities on 7/3/14 by stating that the patient had 8/10 low back pain radiating down the right leg. Physical exam on that date noted a positive straight leg raise on the right and a sensory exam that showed diminished sensation in the L4 and L5 dermatomes in the lower extremity. Guidelines recommend against further electrodiagnostic studies if there are clear objective findings of radiculopathy. As such the request for EMG (electromyogram) left lower extremity is not medically necessary.

EMG (electromyogram) right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." Official Disability Guidelines states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician refers to clinically obvious radiculopathy of both lower extremities on 7/3/14 by stating that the patient had 8/10 low back pain radiating down the right leg. Physical exam on that date noted a positive straight leg raise on the right and a sensory exam that showed diminished sensation in the L4 and L5 dermatomes in the lower extremity. Guidelines recommend against further electrodiagnostic studies if there are clear objective findings of radiculopathy. As such the request for EMG (electromyogram) Right lower extremity is not medically necessary.

NCS (nerve conduction studies) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index, 11th Edition (web), 2014, Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: Official Disability Guidelines do not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician refers to clinically obvious radiculopathy of both lower extremities on 7/3/14 by stating that the patient had 8/10 low back pain radiating down the right leg. Physical exam on that date noted a positive straight leg raise on the right and a sensory exam that showed diminished sensation in the L4 and L5 dermatomes in the lower extremity. Guidelines recommend against further electro diagnostic studies if there is clear objective findings. As such, the request for NCS (nerve conduction studies) right lower extremity is not medically necessary.

NCS (nerve conduction studies) left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index, 11th Edition (web), 2014, Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: Official Disability Guidelines do not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician refers to clinically obvious radiculopathy of both lower extremities on 7/3/14 by stating that the patient had 8/10 low back pain radiating down the right leg. Physical exam on that date noted a positive straight leg raise on the right and a sensory exam that showed diminished sensation in the L4 and L5 dermatomes in the lower extremity. Guidelines recommend against further electro diagnostic studies if there is clear objective findings. As such, the request for NCS (nerve conduction studies) left lower extremity is not medically necessary.