

Case Number:	CM14-0178054		
Date Assigned:	10/31/2014	Date of Injury:	07/29/2011
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old male with an injury date of 07/29/11. Based on the 08/05/14 progress report provided by [REDACTED] the patient complains of low back pain rated 8/10 that radiates into the buttocks with numbness and tingling that travels down to his legs and toes. Physical examination to the lumbar spine revealed tenderness to palpation to paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Range of motion was decreased, especially on extension 15 degrees. Positive straight leg raise test bilaterally at 60 degrees and Kemp's positive bilaterally. Patient had EMG/NCV of the lower extremities in July 2012. The treating physician is requesting EMG/NCV of the lower extremities to rule out radiculopathy. Diagnosis 08/05/14: lumbar spine sprain discopathy; lumbar spine radiculitis. [REDACTED] is requesting EMG/NCV of the Lower Extremities. The utilization review determination being challenged is dated 10/06/14. [REDACTED] is the requesting provider and he provided treatment reports from 02/07/14 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-

MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

Decision rationale: The patient presents with low back pain rated 8/10 that radiates into the buttocks with numbness and tingling that travels down to his legs and toes. The request is for EMG/NCV of the lower extremities. Physical examination to the lumbar spine on 08/05/14 revealed tenderness to palpation to paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Range of motion was decreased, especially on extension 15 degrees. Positive straight leg raise test bilaterally at 60 degrees and Kemp's positive bilaterally. ACOEM guidelines page 303 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." ODG guidelines have the following regarding EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) 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. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) The treating physician is requesting EMG/NCV of the lower extremities to rule out radiculopathy. This patient presents with low back pain; however, per progress report dated 08/05/14, the patient had EMG/NCV of the lower extremities in July 2012. Patient's diagnosis dated 08/05/14 included lumbar spine sprain discopathy and lumbar spine radiculitis. The treating physician does not explain why a repeat study is needed. There are no neurologic deterioration, new injury, new symptoms to consider repeat of the study. Recommendation is that the request is not medically necessary.