

Case Number:	CM14-0181986		
Date Assigned:	11/06/2014	Date of Injury:	09/21/2007
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59 year old male who sustained a work place injury on 09/21/2007 when he slipped and fell on paint remover that was on the floor. Prior treatment included medications, physical therapy, modified duty, left shoulder arthroscopic surgery, lumbar spine ESI in 2012 and SI joint injection. An MRI of lumbar spine on 06/21/12 revealed disc desiccation from L1-2 through L4-5, disc bulge at L2-3, L3-4, L4-5 and L5-S1 with associated neural foraminal narrowing. The progress note from 09/16/14 was reviewed. Subjective complaints included lumbar spine pain, loss of range of motion and spasms. Pertinent objective findings included pain with lumbar spine range of motion. He had left lower extremity sensory loss. Diagnoses included lumbar radiculopathy. The request was for bilateral lower extremities EMG/NCS. The pain management report from 07/15/14 was reviewed. He was evaluated regarding his lumbar spine, cervical spine and knee complaints. He had tenderness over L4-L5 and L5-S1. He had positive straight leg raising and Patrick's Fabere. He had decreased sensation to light touch in the dermatomal pattern of L4, L5 and S1. Pertinent diagnosis was lumbar radiculopathy. His medications included Neurontin, Norco and Dulcolax.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity EMG is medically necessary and appropriate.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity NCS is not medically necessary or appropriate.

NCS (nerve conduction study) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a

patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity NCS is not medically necessary or appropriate.

EMG (electromyography) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies

Decision rationale: According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records reveal symptoms and signs of radiculopathy. There is no documentation of prior EMG. The provider requested EMG and NCS for confirmation of radiculopathy. Hence the request for bilateral lower extremity EMG is medically necessary and appropriate.