

Case Number:	CM14-0192846		
Date Assigned:	11/20/2014	Date of Injury:	08/17/2014
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 49-year-old male with date of injury of 08/17/2014. The listed diagnoses from 10/07/2014 are: 1. Cervical sprain. 2. Lumbar radiculopathy. According to this report, the patient complains of significant neck and low back pain, as well as numbness and tingling in his bilateral lower extremities. The patient is also having right shoulder pain that is worsened when he sleeps. He continues to take his medications for pain which allows him to function. The examination shows spasm in the paraspinal muscles. There is tenderness to palpation of the paraspinal muscles in the lumbar spine. Sensory examination shows reduced sensation in the left foot. Range of motion is restricted in the lumbar spine. The documents include an MRI of the lumbar spine from 09/30/2014, x-ray of the lumbar spine from 08/17/2014 and 08/22/2014, and progress reports from 08/17/2014 to 11/04/2014. The utilization review denied the request on 11/05/2014 stating, "There is no indication of prior treatment for this patient or severe changes in the neurologic findings."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back

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 chapter on EMG and NCV

Decision rationale: The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, the ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG/NCV of the lower extremities. The MRI of the lumbar spine showed at L4-L5, there is a small left foraminal disk protrusion with mild narrowing and moderate disk degeneration with mild central canal and lateral recess narrowing and moderate bilateral foraminal narrowing at L5-S1. The 11/04/2014 report shows no significant improvement since his last examination. The patient's symptoms are actually worsening with mid back pain as well as low back pain that radiates to his legs. He continues to have pain in his left lower extremity, as well as numbness and tingling. The physician is requesting an EMG/NCV to determine pathology of his worsening numbness and tingling sensations in his bilateral lower extremities. Given the patient's significant symptoms, an EMG/NCV of the left lower extremity is appropriate to rule out other pathology. The request is medically necessary.

EMG/NCV Right Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back

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 chapter on EMG and NCV

Decision rationale: The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, the ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG/NCV of the lower extremities. The MRI of the lumbar spine showed at L4-L5, there is a small left foraminal disk protrusion with mild narrowing and moderate disk degeneration with mild central canal and lateral recess narrowing and moderate bilateral foraminal narrowing at L5-S1. The 11/04/2014 report shows no significant improvement since his last examination. The patient's symptoms are

actually worsening with mid back pain as well as low back pain that radiates to his legs. He continues to have pain in his left lower extremity, as well as numbness and tingling. The treater is requesting an EMG/NCV to determine pathology of his worsening numbness and tingling sensations in his bilateral lower extremities. Given the patient's significant symptoms, an EMG/NCV of the right lower extremity is appropriate to rule out other pathology. The request is medically necessary.