

Case Number:	CM14-0197501		
Date Assigned:	12/05/2014	Date of Injury:	01/02/2003
Decision Date:	01/26/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 45-year-old female with a date of injury of 01/02/2003. According to progress report dated 10/13/2014, the patient presents with severe neck, back, bilateral shoulder, bilateral wrist/hand, and bilateral lower extremity pain. The patient also reports insomnia due to pain. Examination of the lumbar spine revealed decreased range of motion in all planes. There is paraspinal tenderness with paraspinal spasms. There is hypoesthesia at the anterior lateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution. There is weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally. The listed diagnoses are: 1. Status post anterior cervical disk fusion at C5-C6 and C6-C7 with iliac crest bone grafting. 2. Herniated lumbar disk with radiculitis/radiculopathy. 3. Left shoulder tendinitis, impingement. 4. Right shoulder sprain/strain, tendinitis. 5. Carpal tunnel syndrome, bilateral wrist and hands. 6. Weight gain, approximately 60 pounds since the injury. 7. Allergic reaction to Dilaudid. 8. Symptoms of gastritis, NSAID related. Treatment plan was for MRI of the lumbar spine to establish the presence of disk pathology and EMG/nerve conduction test of the bilateral lower extremities to establish the presence of radiculitis/neuropathy. The utilization review denied the request on 10/16/2014. Treatment reports from 04/04/2014 through 11/10/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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 (ODG), Electromyography (EMGs)

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) Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: This patient presents with chronic low back pain. The current request is for EMG of the right lower extremity. The utilization review denied the request for EMG/NCV of the lower extremities stating that the patient does not present to have radiculopathy and "examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor system change." For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." There is no prior EMG testing found in the medical records provided. In this case, the treating physician requested an EMG to obtain unequivocal evidence of radiculopathy. The requested EMG is medically necessary.

NCV of the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

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: Nerve conduction studies (NCS) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

Decision rationale: This patient presents with chronic low back pain. The current request is for NCV of the right lower extremity. The utilization review denied the request for EMG/NCV of the lower extremities stating that the patient does not present to have radiculopathy and "examination donot include evidence of neurologic dysfunction such as sensory, reflex or motor system change." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on thebasis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no prior NCV testing found in the medical records provided. In this case, the treating physician has requested an NCV to establish presence of radiculitis versus neuropathy. The requested NCV is medically necessary.

NCV of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

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: Nerve conduction studies (NCS) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

Decision rationale: This patient presents with chronic low back pain. The current request is for NCV of the left lower extremity. The utilization review denied the request for EMG/NCV of the lower extremities stating that the patient does not present to have radiculopathy and "examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor system change." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no prior NCV testing found in the medical records provided. In this case, the treating physician has requested an NCV to establish presence of radiculitis versus neuropathy. The requested NCV is medically necessary.

EMG 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 (ODG), Electromyography (EMGs)

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) Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography)

Decision rationale: This patient presents with chronic low back pain. The current request is for EMG of the left lower extremity. The utilization review denied the request for EMG/NCV of the lower extremities stating that the patient does not present to have radiculopathy and "examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor system change." For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." There is no prior EMG testing found in the medical records provided. In this case, the

treating physician requested an EMG to obtain unequivocal evidence of radiculopathy. The requested EMG is medically necessary.