

Case Number:	CM14-0212917		
Date Assigned:	12/30/2014	Date of Injury:	06/11/2014
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 52-year-old female with date of injury of 06/11/2014. The listed diagnoses from 12/01/2014 are:1. Lumbar facet syndrome.2. Lumbar radiculopathy.3. Low back pain. According to this report, the patient complains of low back pain with radiation down the bilateral hamstring muscles, right greater than left. The pain is associated with tightness in the bilateral legs. She describes the pain as sharp, throbbing, dull, aching, and pressure-like with muscle pain. The examination shows the patient ambulates without a device. Range of motion is restricted in the lumbar spine. Paravertebral muscle spasms and tenderness were noted on the right side of the lumbar spine. Lumbar facet loading is positive on both sides. Straight leg raise test is positive bilaterally. Tenderness over the sacroiliac spine and sciatic notch regions. TTP is noted over the bilateral hip trochanteric bursa. Motor strength of EHL is 5/5 on the right and 4+/5 on the left. Light touch sensation is decreased over the L5 lower extremity dermatomes on the left. Treatment reports from 06/18/2014 to 12/01/2014 were provided for review. The utilization review denied the request on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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) Low Back chapter on EMGs.

Decision rationale: This patient presents with low back pain radiating down to the bilateral lower extremities. The treater is requesting an EMG of the right lower extremities. 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. ODG Low Back chapter on EMGs states, "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." The records do not show any previous EMG of the right lower extremity. The treater is requesting an EMG to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. The 11/03/2014 report notes that the patient complains of low back pain radiating down the bilateral lower extremities. The examination shows a positive straight leg raise bilaterally. Lumbar facet loading is positive. Sensory examination shows decreased sensation over the L5 lower extremity dermatome on the left side. In this case, given the patient's clinical findings, the request is supported by the guidelines. The request for EMG of right lower extremity is medically necessary.

EMG of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, 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) Low Back chapter on EMGs.

Decision rationale: This patient presents with low back pain radiating down to the bilateral lower extremities. The treater is requesting an EMG of the left lower extremity. 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. ODG Low Back chapter on EMGs states, "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." The records do not show any previous EMG of left lower extremity. The treater is requesting an EMG to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. The 11/03/2014 report notes that the patient complains of low back pain radiating down the bilateral lower extremities. The examination shows a positive straight leg raise bilaterally. Lumbar facet loading is positive. Sensory examination shows decreased

sensation over the L5 lower extremity dermatome on the left side. In this case, given the patient's clinical findings, the request is supported by the guidelines. The request for EMG of left lower extremity is medically necessary.

NCS of right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs

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

Decision rationale: This patient presents with low back pain radiating down to the bilateral lower extremities. The treater is requesting an NCS of the right lower extremities. ACOEM is silent on NCV testing of the lower extremities. ODG Low Back chapter on Nerve conduction studies (NCS) 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." The records do not show any previous NCS of the right lower extremity. The treater is requesting an EMG/NCV to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. The 11/03/2014 report notes that the patient complains of low back pain radiating down the bilateral lower extremities. The examination shows a positive straight leg raise bilaterally. Lumbar facet loading is positive. Sensory examination shows decreased sensation over the L5 lower extremity dermatome on the left side. In this case, given the patient's clinical findings, the request is supported by the guidelines. The request for NCS of right lower extremity is medically necessary.

NCS of left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs

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

Decision rationale: This patient presents with low back pain radiating down to the bilateral lower extremities. The treater is requesting an NCS of the left lower extremities. ACOEM is silent on NCV testing of the lower extremities. ODG Low Back chapter on Nerve conduction studies (NCS) 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." The records do not show any previous NCS of the left lower extremity. The treater is requesting an NCV to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. The 11/03/2014 report notes that the patient complains of low back pain radiating down the bilateral lower extremities. The examination shows a positive straight leg raise bilaterally. Lumbar facet loading is positive. Sensory examination shows decreased sensation over the L5 lower extremity dermatome on the left side. In this case, given the patient's clinical findings, the request is supported by the guidelines. The request for NCS of left lower extremity is medically necessary.