Case Number:	CM14-0214655		
Date Assigned:	01/07/2015	**Date of Injury:**	04/10/2014
Decision Date:	02/28/2015	**UR Denial Date:**	12/12/2014
Priority:	Standard	**Application Received:**	12/22/2014

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 & Rehabilitation, Pain Management

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 injured worker is a 23-year-old male with an original date of injury of April 10, 2014. The industrial injury occurred to the low back. The patient noted subjective pains in his lower extremities, but these are transient per a November 25, 2014 progress note. The assessment includes low back pain and "periods of bilateral leg pain." The treatment plan was for EMG/NCV and lumbar spine MRI. It is noted that a utilization review had certified the request for lumbar spine MRI on 12/24/2014. X-rays done on 4/10/14 were within normal limits. The disputed issue is a request for electrodiagnostic studies of the lower extremities. A utilization review determination on December 12, 2014 had noncertified this request. The rationale for the denial was that there was "insufficient information to determine residual back symptoms, current treatment, and treatment date. It is unclear whether or not the direction from guideline recommendations are met." Therefore noncertification of this electrodiagnostic study was recommended by the utilization reviewer. There is a second non-certification determination with respect to the electrodiagnostic study on 12/22/2014. The reasoning for denial in this letter was that the injured workers leg symptoms "our periodic and not clearly associated" and "it would seem reasonable to see if MRI findings were equivocal or clear-cut."

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, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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, Electrodiagnostic Studies.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on 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." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: "Recommended as an option (needle, not surface). EMGs (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. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001)" With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: "Nerve conduction studies (NCS) section: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah. 2006)" However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. Within the documentation available for review, there is lack of a full neurologic examination documenting abnormalities in the sensory, motor, or deep tendon reflex systems to support a diagnosis of specific nerve compromise. Furthermore, a radiologist report of imaging to date of the lumbar spine is not available. These are important factors in making the assessment of whether radiculopathy is present or not. Finally, although the time course of the original injury to this request satisfies the 1 month of conservative therapy descrbied in the Official Disability Guidelines, the content of this conservative therapy was not included in the submitted medicals. There is no descriptions of what physical therapy, number of sessions of PT, or neuropathic pain medications have been given to date. In the absence of such documentation, but currently requested EMG/NCV of the lower extremities is not medically necessary.