

Case Number:	CM14-0053967		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2013
Decision Date:	01/27/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Emergency Medicine 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 injured worker is a 38 year-old male, who sustained an injury on September 21, 2013. The mechanism of injury is not noted. Diagnostics have included: 11/4/13 lumbar MRI revealed disc desiccation at L4-5 with a broad disc protrusion and at L5-S1 there was disc desiccation with a broad disc protrusion with mild narrowing of the neural foramina; 4/2/14 EMG/NCS of bilateral lower extremities consistent with bilateral mild L5-S1 radiculopathy, left greater than right. Treatments have included: Medications; 3/25/14 lumbar epidurogram; chiropractic care. The current diagnoses are: Lumbosacral radiculopathy; myofascial dysfunction. The stated purpose of the request for EMG bilateral lower extremities was to assess the injured worker's condition. The request for EMG bilateral lower extremities was denied on April 11, 2014, citing the rationale that EMG is not recommended for clinically obvious radiculopathy. The stated purpose of the request for NCV bilateral lower extremities was to assess the injured worker's condition. The request for NCV bilateral lower extremities was denied on April 11, 2014, citing the rationale that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Per the report dated April 2, 2014, the treating physician noted that the injured worker complained of numbness and pain in the lower back and pain that radiated into the left leg for the past eight months. Objective findings included a positive straight leg raise on the left. Pinprick sensation was decreased in the dorsal left foot. Motor exam and reflexes were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nerve conduction studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested EMG bilateral lower extremities is not medically necessary. CA MTUS 2009 ACOEM Guidelines, chapter 12, pages 308-310 note that EMG is not recommended for clinically obvious radiculopathy. The injured worker has lower back pain that radiates into the left leg. The treating physician has documented a positive straight leg raise on the left and decreased sensation to pinprick in the dorsal left foot. These findings were consistent with the November 4, 2013 lumbar MRI findings, which revealed disc desiccation at L4-5 and L5-S1 with a broad disc protrusion and mild narrowing of the neural foramina. The treating physician has not documented a clear rationale to indicate the authorization of EMG/NCS of the bilateral lower extremities, as the physical exam findings and MRI findings already demonstrate clinically obvious radiculopathy. The criteria noted above not having been met, EMG bilateral lower extremities is not medically necessary.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The requested NCV bilateral lower extremities is not medically necessary. CA MTUS 2009 ACOEM Guidelines, chapter 12, page # 303 note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG, low back chapter, notes that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The injured worker has lower back pain that radiates into the left leg. The treating physician has documented a positive straight leg raise on the left and decreased sensation to pinprick in the dorsal left foot. These findings were consistent with the November 4, 2013 lumbar MRI findings, which revealed disc desiccation at L4-5 and L5-S1 with a broad disc protrusion and mild narrowing of the neural foramina. The treating physician has not documented a clear rationale to indicate the authorization of EMG/NCS of the bilateral lower

extremities, as the physical exam findings and MRI findings already demonstrate clinically obvious radiculopathy. The criteria noted above not having been met, NCV bilateral lower extremities is not medically necessary.