

Case Number:	CM15-0005492		
Date Assigned:	01/16/2015	Date of Injury:	01/22/2008
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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

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 51 year old male who sustained a work related injury January 22, 2008. Past history includes s/p lumbar laminectomy and s/p posterolateral lumbar fusion in situ with removal of instrumentation (May 2, 2012). Past medical history includes hypertension and dyslipidemia. According to a neurosurgical physician's follow-up dated December 16, 2014, the injured worker presented with the primary complaint of low back pain. He also has neck pain, worsened with radiation to the left arm with increasing numbness and tingling in the left hand. Impression is documented as chronic low back pain, recent exacerbation improving, intermittent lumbar radiculopathy, improved, chronic neck pain with recent exacerbation, cervical radiculopathy, marked exacerbation C7 left, and history of herniated nucleus pulposus at C6-7, left. Treatment plan includes obtaining x-rays and CT scans and baseline EMG/NCV studies. Work status is documented as back to work January 5, 2015 at light duty with a 40 hour work week. According to utilization review dated January 6, 2015, the request for Bilateral lower extremity Electromyogram (EMG) and Nerve Conduction Velocity (NCV) study are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremity Electromyogram (EMG) and Nerve Conduction Velocity (NCV): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)/ 'Nerve conduction studies (NCS)'

Decision rationale: The 51 year old patient presents with low back pain, and neck pain that radiates to the left arm to produce numbness and tingling in the left hand, as per progress report dated 12/16/14. The request is for BILATERAL LOWER EXTREMITY ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION VELOCITY (NCV). The RFA for this case is dated 12/29/14, and the patient's date of injury is 01/22/08. The patient is status post lumbar laminectomy, status post lumbar fusion with spinal instrumentation in 2010, and status post laminectomy with removal of instrumentation and fusion in May 2012. Diagnoses, as per progress report dated 12/16/14, includes chronic low back pain syndrome, intermittent lumbar radiculopathy, chronic neck pain, cervical radiculopathy with C7 exacerbation, and herniated nucleus pulposus at left C6-7. Medications, as per progress report dated 11/19/14, include Fenofibrate, Lisinopril, Metoprolol, Plavix and Pravastatin. The patient has been allowed to forty hours per week light duty, as per progress report dated 12/16/14. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "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." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "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) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." In this case, the patient has low back pain with radicular symptoms and is also experiencing pain, numbness and tingling from buttocks down to the toes, as per progress report dated 11/19/14. The patient has a diagnosis of lumbar radiculopathy, as per progress report dated 12/16/14. In the same report, the treater is requesting for "baseline EMG/NCV conduction studies of his arms and legs." However, the patient has had an EMG/NCV for bilateral lower extremities on 04/03/13. The report revealed normal NCS and an abnormal EMG with left chronic L5 denervation and right active L5 denervation. The need for a repeat EMG/NCV is not established. Guidelines allow for repeat studies only if the original study was negative. This request IS NOT medically necessary.