

Case Number:	CM15-0007025		
Date Assigned:	01/26/2015	Date of Injury:	06/02/2004
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/13/2015

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 73 year old male, who sustained an industrial injury on June 2, 2004. The diagnoses have included lumbar disc protrusion at L5-S1, lumbar degenerative disc disease at L5-S1, lumbar spondylolisthesis at L5-S1, lumbar stenosis and bilateral lower extremity radiculopathy at L5-S1. Treatment to date has included X-ray of lumbar spine, Magnetic resonance imaging of lumbar spine on January 22, 2013 demonstrated L5-S1 and L4-5 broad based disc protrusion with grade 1 spondylolisthesis with bilateral at L5-S1 resulting in foraminal narrowing central canal stenosis and impingement on the exiting nerve roots, L3-4 disc protrusion without foraminal narrowing, central canal stenosis or impingement on the exiting nerve roots. Currently, the injured worker complains of low back pain that is reported to be worse, weakness and numbness in the legs left greater than right, pain radiates to hips, thigh, knees, ankles, feet and toes left greater than right, the pain is aggravated by lifting, pushing, pulling, twisting, bending, walking and sitting. On December 5, 2014 Utilization Review non-certified an electromyogram and nerve conduction study noting, Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine was cited. On November 26, 2014, the injured worker submitted an application for IMR for review of electromyogram and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) studies of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back chapter: Nerve conduction studies

Decision rationale: The patient presents with pain and weakness in his neck, left shoulder, lower back and upper/ lower extremities. The patient is s/p lumbar discography and lumbar RFA in 2005. The request is for EMG/NCV OF BILATERAL LOWER EXTREMITIES. The utilization review letters indicates that the patient has had 2 sets of EMG/NCV of bilateral lower extremities. The 10/20/14 progress report indicates that the recent EMG/NCV studies were performed on 12/17/12. The results of tests are not provided. The patient is currently not working. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies 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." In this case, the patient already had two sets of EMG/NCV studies of the bilateral lower extremities in the past. The treater does not explain why another set of studies are needed. There is no new injury and no significant progression of neurologic findings, and no new symptoms. The guidelines do not support just repeating these studies for persistent symptoms. The request IS NOT medically necessary.